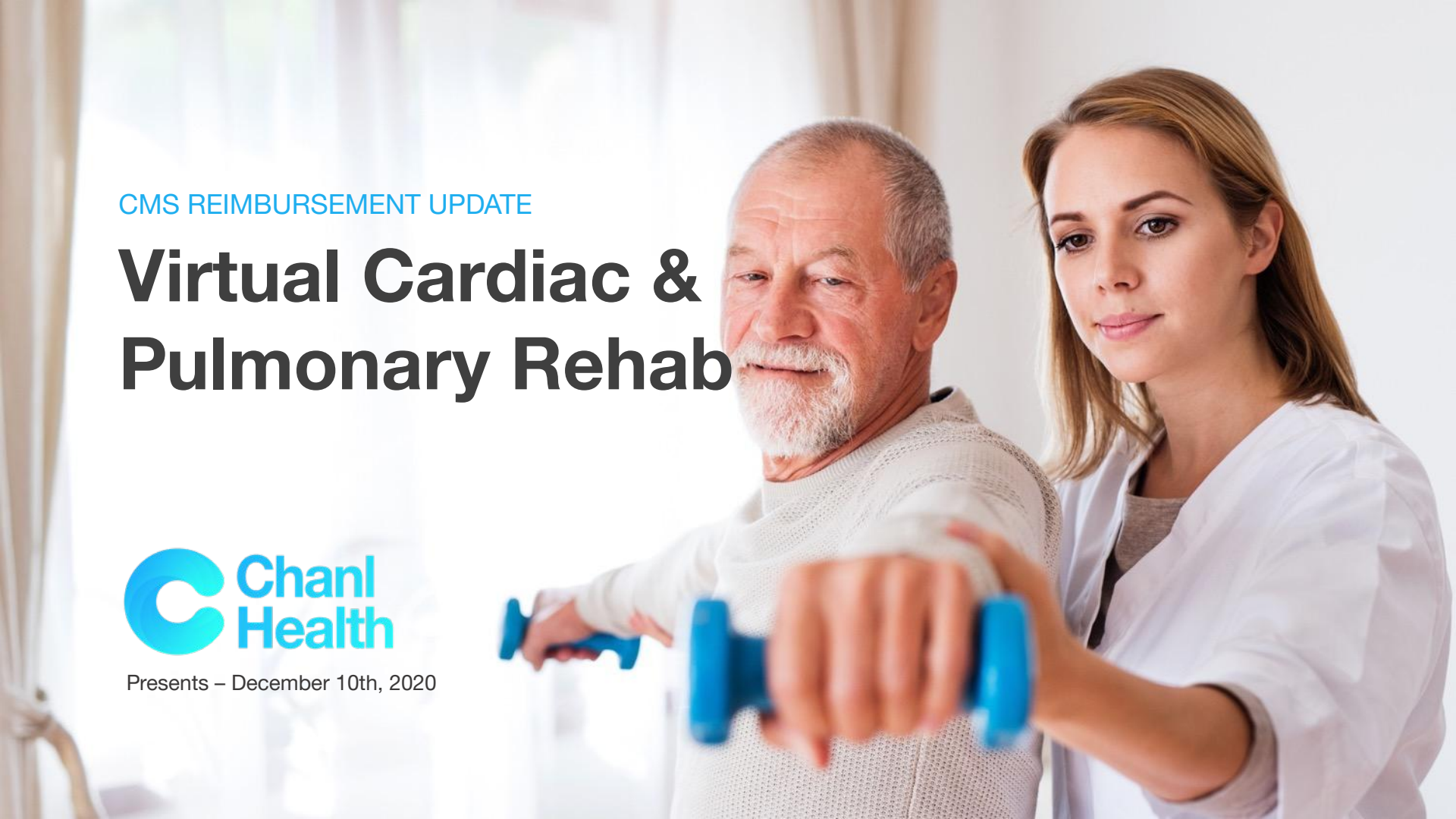
CMS REIMBURSEMENT UPDATE

Virtual Cardiac & Pulmonary Rehab



Chanl Health

Presents – December 10th, 2020

ABOUT US

Presenters

Barbra Fagan
Executive Director

25 years in cardiac rehab practice
Past President of AACVPR

E: barbra@chanlhealth.com
P: 414-828-0607

Jared Sieling
CEO

Digital health R&D
Service design and delivery

E: jared@chanlhealth.com
P: 612-412-4358

ABOUT US

Chanl Health

> *Your A to Z partner for virtual and hybrid cardiopulmonary rehab.*

Provide a full turnkey solution for hybrid rehab, including:

- “Chanl Connect” software platform
  - Staff Dashboard and patient mobile app
  - Patient recruiting tools
  - Video call scheduling and coordination
- Implementation
  - Process development and staff training
- Ongoing support

Dec 10th, 2020

Virtual Rehab Webinar

Agenda

- Reimbursement update
- Financials overview
- Operationalizing VCR
  - Planning and setup
  - Delivery logistics
  - Billing and documentation
  - FAQ
- Questions

It is clear, in today's environment, that hybrid is the best option for our patients.

1. Reach more patients who can't come onsite
2. Improve staff efficiencies and save time
3. Improve patient engagement and value
4. Be prepared for the future

How to think about hybrid rehab programs

How do we give the patient the most **value**, with a mixture of

a) onsite sessions,

b) virtual real-time sessions, and

c) asynchronous tasks

- Exercise sessions can occur under all three categories, as will the other components of rehab.
- The exact mixture of these can be adjusted to fit your program, but also may vary based on individual patient needs.

Reimbursement Update…

1. Can we bill virtual sessions?
2. If so, for how long can we bill them?

QUESTION #1

Can we bill for virtual sessions?

YES

CMS will reimburse CR/PR/ICR sessions delivered over real-time audio/video to patients who are in their home, for at least the duration of the Public Health Emergency (PHE).

This includes:

- CR - CPT 93797 and 93798
- PR - G0424
- ICR –

We can do this as a consequence of two policies:

1. “Virtual direct supervision” policy change
2. “Hospital without Walls” waivers

QUESTION #2

For how long will CMS reimburse virtual sessions?

This depends on a) if you bill under OPPS or PFS, and b) how long the PHE is extended.

So, how does your program bill?

1

OPPS

Outpatient Prospective Payment System

- Hospital-based, on-campus programs (or those grandfathered in)
- Rate of $116 per session

2

PFS

Physician Fee Schedule

- Off-campus programs
- Rate of $25 per session

QUESTION #2

For how long will CMS reimburse virtual sessions?

1

OPPS

Outpatient Prospective Payment System

- Reimburse virtual sessions **until the end of PHE**
- Ends with PHE because the “Hospital without Walls” waiver is set to expire with the end of PHE.

2

PFS

Physician Fee Schedule

- Reimburse until **end of 2021**
  December 31st, 2021
- Extended past PHE because it was added to list of “telehealth services” under the PFS, and will remain on there until year end, in which PHE expires.

PUBLIC HEALTH EMERGENCY (PHE)

Important Dates for PHE

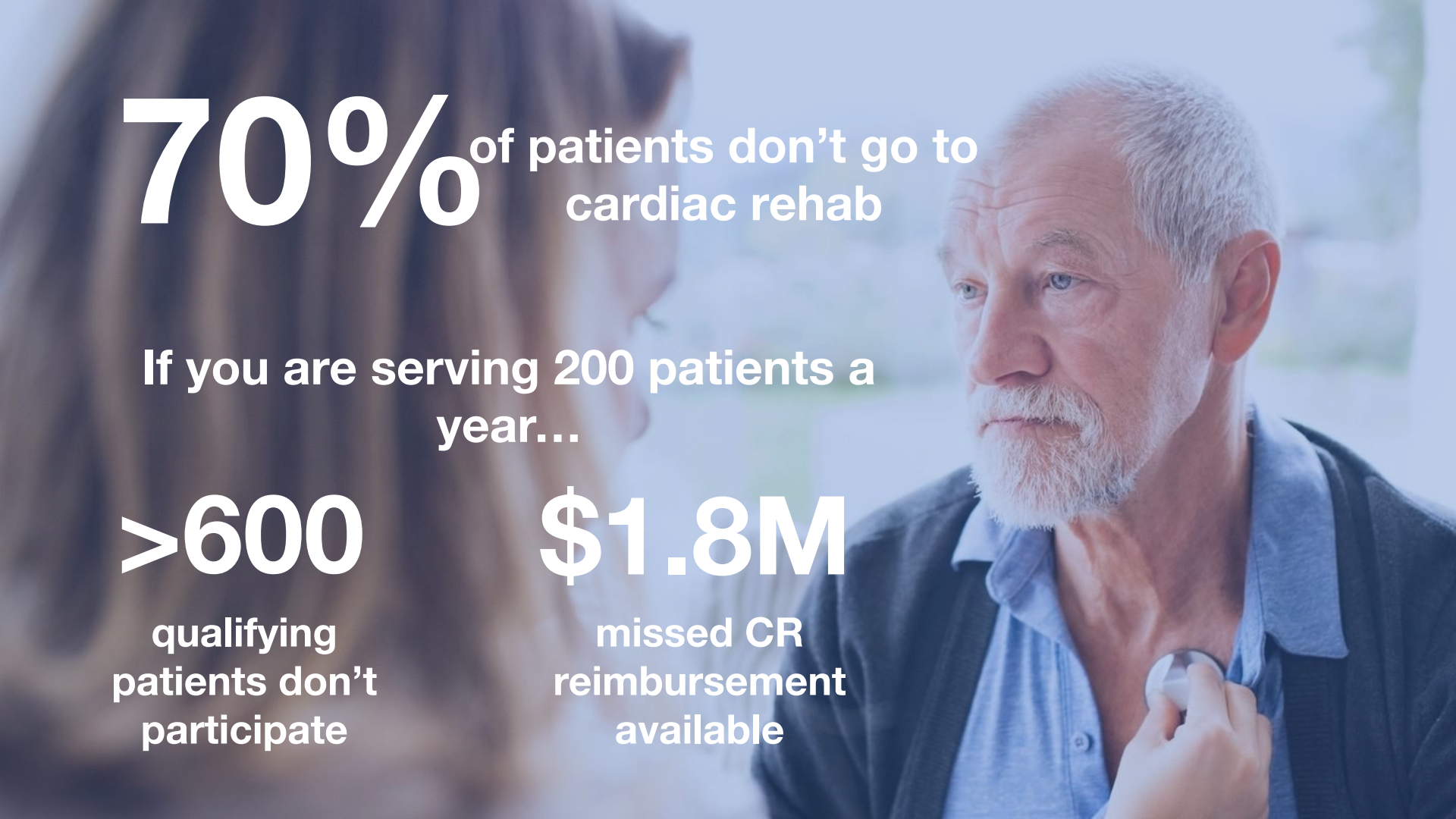
The timelines have changed and can be extended in the future, but here is what is know today.

		Dates
1.	PHE started	3/1/20
2.	PHE end, as of today (2 extensions)	1/21/21
3.	PHE end, if extended 90 days	4/21/21

*NOTE that the “Hospital without Walls” waiver could be extended to end of year, independent of PHE, and that would also extend reimbursement for virtual sessions

Financial Overview

1. How to think about financials
2. How to estimate costs


70% of patients don’t go to cardiac rehab
If you are serving 200 patients a year…
>600
qualifying patients don’t participate
$1.8M
missed CR reimbursement available

Hybrid Cardiac Rehab

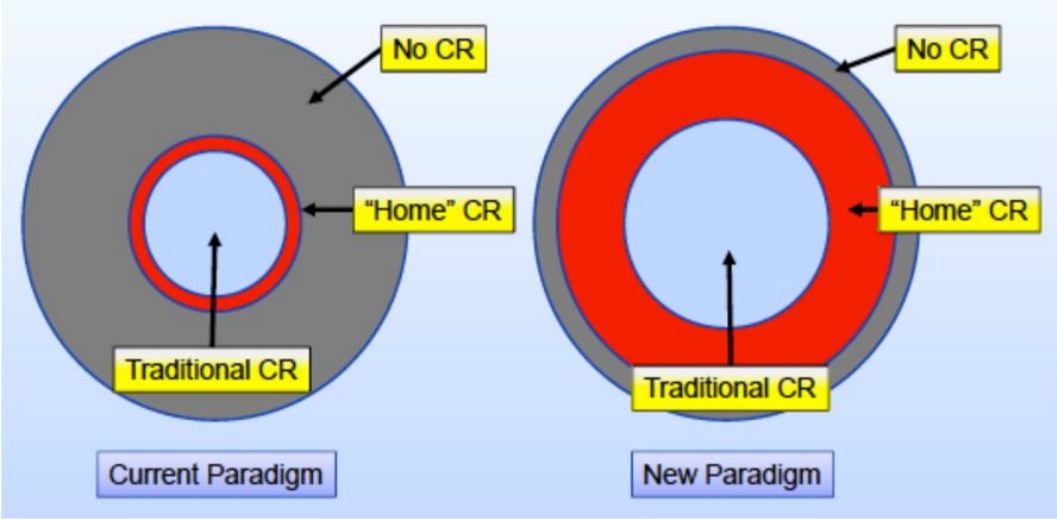
Revenue Opportunity

CR Data							
SITES	Average billed sessions / month	Avererage sessions / patient	Capture Rate (Pre-Covid)		Enrolled patients/year	Total qualified patients/year	Missed patients (opportunity)
Site 1	417	25	30.00%		200	667	467
					200	**667**	**467**
				Percent of missed patients captured into HBCR			100%
				Total capture rate			100.0%
				Number of new patients from this			467
				Avg billed sessions per new patient			36
				Ave. revenue per session			$ 110.00
				Additional annual revenue (@$110/session)			**$1,848,000.00**

If all non-participating patients completed 36 billed sessions, added revenue is over $1.8M

Hybrid Cardiac Rehab

Growing the Pie



We increase patient participation through a hybrid model, a mix of onsite and virtual sessions.

Hybrid Cardiac Rehab

Revenue Forecasting

CR Data						
SITES	Average billed sessions / month	Avererage sessions / patient	Capture Rate (Pre-Covid)	Enrolled patients/year	Total qualified patients/year	Missed patients (opportunity)
Site 1	417	25	30.00%	200	667	467
				200	**667**	**467**

Percent of missed patients captured into HBCR	30%
Total capture rate	51.0%
Number of new patients from this	140
Avg billed sessions per new patient	12
Ave. revenue per session	$ 110.00
Additional annual revenue (@$110/session)	**$ 184,800.00**

Here is added revenue you capture if you enroll 30% of non-participating patients for 12 virtual sessions each.

Hybrid Cardiac Rehab

Expenses

1.	**Staffing time**	• Program implementation (design, training, updates) • Deliver real-time sessions and documentation • Facilitate and communicate outside of sessions
2.	**Technology costs**	• Varies based on size of your program

*Reach out to us after webinar with, and we can quickly get estimates of staff time and our services, based on your size and structure

Operationalizing VCR

1. What is minimum we can do to reimburse?
2. How to we scale up and be efficient?

Virtual Cardiac Rehab

Minimum Viable Program (MVP)

What is the least complex program you can implement to deliver virtual real-time CR session that meets requirements and is reimbursable?

1.	**Get approval**	• Reach out to compliance and get approval • Will bill normal 93797 with PO modifier.
2.	**Pick an audio/video tool**	• Zoom, WebEx, Microsoft Teams all work
3.	**Schedule call with a patient**	• Schedule a video/call with the patient and send them the link to join (just like we are doing right now…)

Virtual Cardiac Rehab

Minimum Viable Program (MVP)

For the video call, make sure you are meeting requirements:

1.	**Staff**	• In the hospital at their computer. • Has a safety plan with the patient. • Collects documentation from call

2.	**Physician**	• ”On call” and immediately available to
		  • join the call with audio/video, or
		  • join the staff in-person, while on the call
		• Does not matter where the physician is located
		• NOTE: Emergency plan does not NEED to include the physician.

3.	**Patient**	• Has audio/video call on computer or mobile • Has a safety plan with staff • On call for 31 minutes • Does SOME exercise during that time

Minimum Viable Program (MVP)

Then bill and document the session:

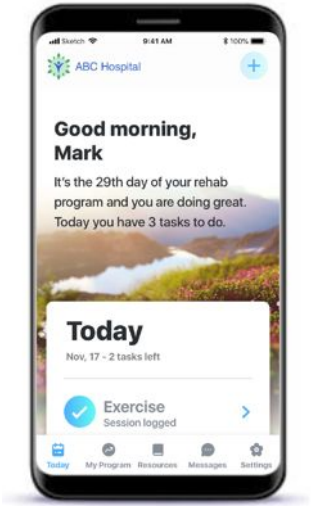
1.	**Drop the bill**	• Follow your normal procedure, adding PO modifier
2.	**Notify CMS of address**	• Within 120 days, send an email to CMS notifying them that the PBD change to the patient's home address
3.	**Add notes to chart**	• Follow your same process as onsite sessions

Scaling Up

1. Technology for better engagement and efficiencies
2. Expanding beyond traditional Phase 2 rehab

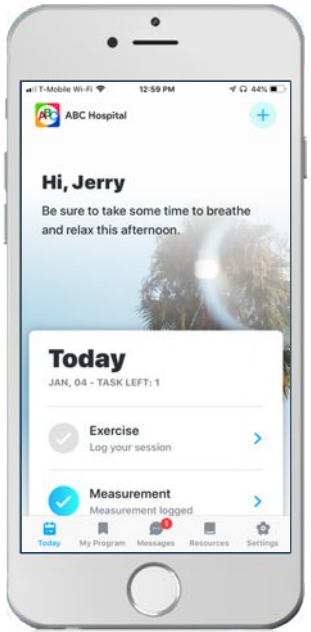
How it works

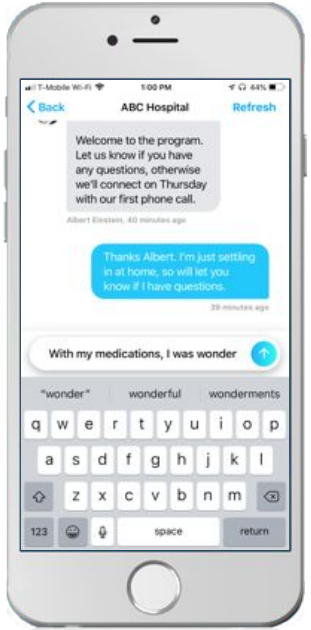
The Better Hearts smartphone app is installed on the patient's device.



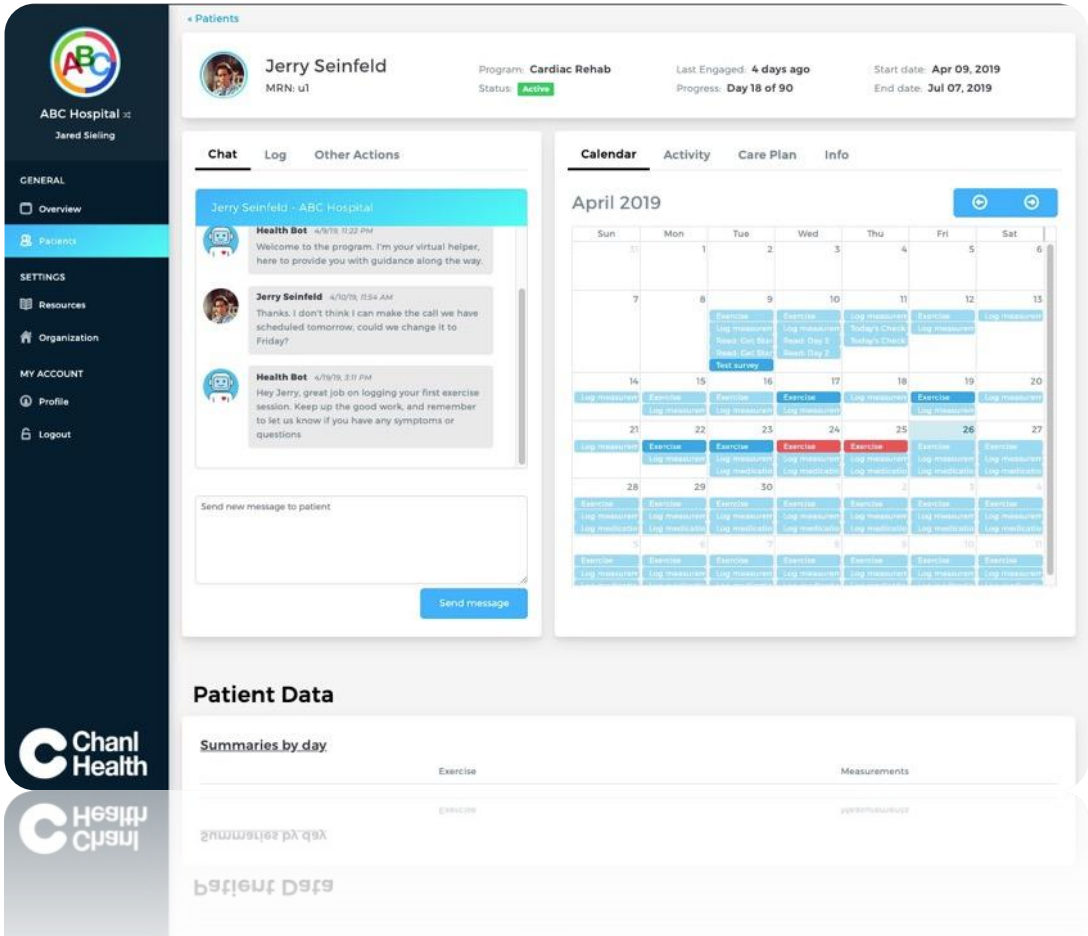
The app helps patients stay adherent

The goal is to help patients develop the skillsets for long-term self-management, while providing the right structure and guidance in the short-term recovery.





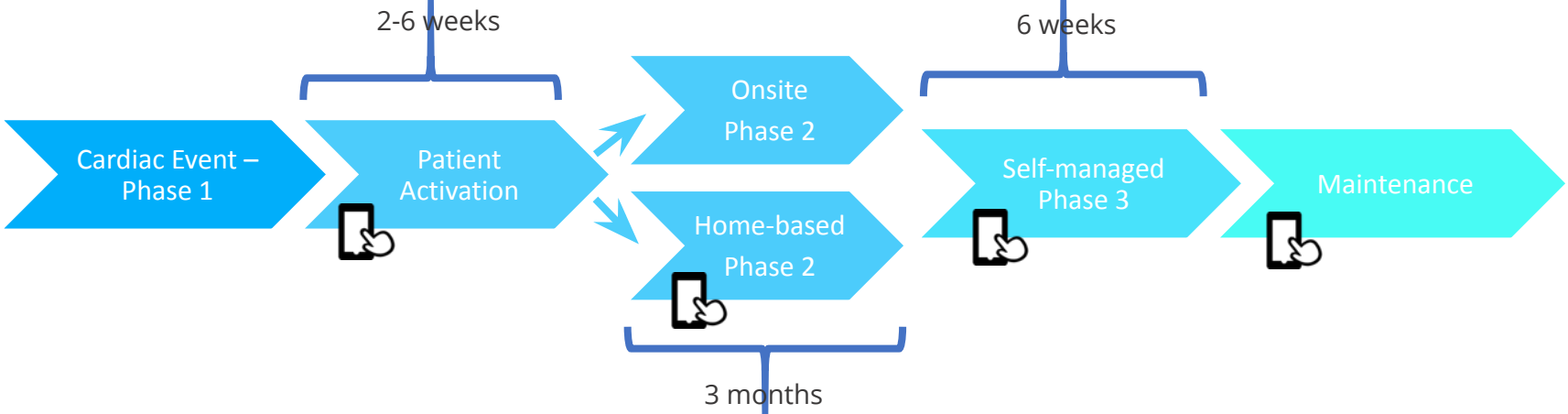
Dashboard helps you coordinate, document, and communicate



Demo

Extending the Reach of Cardiac Rehab

Best Model:



We provide tools and multiple strategies to remove barriers of patient engagement and participation.

VIRTUAL SESSIONS

Scheduling Format

Billing Requirement:
31-mins with SOME exercise

1. **1-on-1** - video session with individual patient
    - For personal counseling and assessment.
    - Intakes and graduation if patient cannot come onsite.
2. **Group class** - scheduled video class times
    - Specific class times through the week, just like onsite classes
    - Patients register for a class, until they are full
    - Ex: Two classes each MWF, at 8am and 4pm (6 total/wk)

VIRTUAL SESSION

Implementation Considerations

These topics need to be addressed when you design and implement your hybrid program.

1.	**Model and session structure**	• Group class and 1-on-1 scheduling • Session structure
2.	**Staffing**	• What staff will lead sessions? • Staffing schedule
3.	**Technology**	• Video conferencing solution (Zoom, WebEx, etc) • Scheduling management • Session tracking
4.	**Documentation**	• Same as onsite session, plus verification by staff.

IMPLEMENTATION

Delivery Model Considerations

- Rehab must remain rehab – with core components
- What do home-based sessions look like?
- Staff scheduling and class protocols
- Home-based safety protocols and procedures
- Proper documentation of sessions
- Patient consent and agreements
- Patient education and class schedule
- Patient privacy
- How to sell this to patients

Thank You!!!

You are the ones who will make a difference and ensure patients stay safe and get healthy.

We are thankful for you.

Questions

- Is there a patient co-pay with virtual CR/PR sessions? Yes, any virtual session billing 93798, 93797 or G0424 will have the standard co-pay as if it were onsite.
- Would it be acceptable to use audio visual technology for physician supervision for our onsite program? Yes, physician supervision may be met through audio visual technology during the PHE.
- Are you able to use G0237, G0238, and G0239 as billable PR home- based codes? No, the only acceptable code for home-based pulmonary rehab is G0424.
- What is a PO modifier? A PO modifier is for on-campus and excepted off-campus CR/PR services; Payment will be at OPPS rate
- Are secondary insurances covering home-based sessions? Yes, some may be. You need to verify by each payer group.

Questions

- Are there specific requirements that must be measured during a virtual session? If billing the 93797, exercise without contiguous ECG monitoring, there are no requirements. Patients may provide, HR, RPE, blood glucose, O2 sats, etc. as individually needed.
- Does the session need to be 1:1 or can it be done in a group? CMS has not put parameters on group size. Use clinical judgement. Most are 4-6 patients per class.
- Are asynchronous tasks billable if live audio-visual is being done? Asynchronous tasks are not billable. If you are “real time” observing the patient and meeting the CMS requirements of exercise and 31+ minutes, you can bill. That would be synchronous.
- Can Pulmonary rehab deliver virtual sessions? Yes, for patents that are eligible for the G0424 code. You will be reimbursed at the same rate as a center-based visit.

Questions

- How do you suggest logging these sessions for reimbursement? Sessions should be logged the same way you are currently logging sessions. This includes any program management software system (Scott Care, LSI, Chanl Health) or your EMR.
- What monitoring does Medicare require for the virtual sessions during the PHE? Medicare requires 31 minutes of observation of the patient through live synchronous audio-visual technology, physician supervision and SOME exercise. The billing is 93797, which is exercise without continuous ECG monitoring, no addiitonal physiological monitoring is required. If you are using a product that allows for continuous ECG monitoring, you would use 93798.
- Are both audio and visual components needed for the session to be billable? Yes
- What can we do if the patient does not have a smartphone, tablet or computer? Some organizations offer those patients an option by providing/loaning a device to be used during rehab. We can help manage this, but it is a cost to the department.
- Does CMS specify who can lead the virtual class? No, it is the same as your onsite sessions, EP, RN, RT etc.

Questions

Please feel free to contact Barba@chanlhealth.com with any additional questions that may not have been answered.