

CMS REIMBURSEMENT UPDATE

# Virtual Cardiac & Pulmonary Rehab



Presents – October 22nd, 2020



ABOUT US

## Presenters

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OCT 22<sup>nd</sup>, 2020

# Virtual Rehab Reimbursement

## Agenda

- What is virtual or hybrid rehab?
- Important dates for the Public Health Emergency (PHE)
- Virtual sessions
  - Can we bill them?
  - How do we deliver them?
  - How do we bill them?
  - What are financials
- Questions



## SHIFTING YOUR MINDSET

# How to think of a hybrid program

1. Rehab must remain rehab, regardless of where or when it is experienced by the patient.
  - The core components, ITP, and personal support must be maintained.
2. A hybrid program for an individual patient is a mixture of **a)** onsite sessions, **b)** virtual sessions, and **c)** asynchronous tasks.
  - Exercise sessions will occur under all three categories, as will the other components of rehab.
  - The exact mixture of these categories can be adjusted to fit your program, but also may vary based on individual patient needs.
3. A hybrid program is the best option for patients to receive the **value of rehab**, given their preferences for safety precautions, costs, travel, and convenience.





**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. Be prepared for future flare-ups or shutdowns



## **And keep in mind...**

1. During the pandemic we have CR/PR teams setup, trained and launched with patients in a week.
2. Programs have delivered cardiac rehab to over 1,200 patients in the past few months that would have received NO rehab.
3. It is financially sustainable WITHOUT reimbursement

VIRTUAL CR/PR REIMBURSEMENT DURING

# **Public Health Emergency**

## Important Dates for PHE

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

	<u>Dates</u>
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





## After PHE > 2021 OPPS

The regular Outpatient Prospective Payment System (OPPS) for 2021 may contain updates for “virtual physician supervision” and reimbursement of virtual CR/PR sessions that would be permanent, but those are TBD.

	<u>Dates</u>
1. Proposed rule for 2021 OPPS was released	8/3/20
2. 2021 OPPS final rule published	11/?/20
3. Start of 2021 OPPS final rule	1/1/21



VIRTUAL CR/PR SESSIONS

**Can We Bill?**

# Regulatory Documents

1

## Original Statutory and Regulatory Policies for CR/PR

Pre-COVID

- On-campus with physician physically “immediately available and accessible”

2

## PHE Interim Final Rule (IFC)

March 30<sup>th</sup>, 2020 - [Link](#)

- Direct physician supervision can be provided virtually (p.55 – 16.E)

3

## Additional Policy and Regulatory Revisions during PHE – IFC 2

April 30<sup>th</sup>, 2020 - [Link](#)

- On-campus services can be relocated to patient’s home during PHE (p.43, p.46)

4

## Federal Register – PHE IFC 3

May 8<sup>th</sup>, 2020 - [Link](#)

- Clarifies and expands on previous IFC (Section F)



## Helpful Documents

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These documents help in the interpretation of the Regulatory Documents, and give more detail on billing processes.

1. **CMS COVID-19 FAQs**

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

- CMS addresses specific questions related to outpatient service relocation and how to properly bill for these services.
- P.33 Section G.

2. **AACVPR Fact Sheet**

[https://www.aacvpr.org/Portals/0/2020\\_9\\_23\\_AACVPR\\_Fact-Sheet-for-Virtual-Delivery-of-CR-and-PR.pdf](https://www.aacvpr.org/Portals/0/2020_9_23_AACVPR_Fact-Sheet-for-Virtual-Delivery-of-CR-and-PR.pdf)

- AACVPR interpretation of regulations, specific to cardiac and pulmonary rehab.



# NOTE

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**These waivers and modified billing processes are the same for all outpatient services.**

1. Other outpatient services at your system may already have made these modifications
2. Any modifications your program makes, could be utilized by other outpatient services at your system



VIRTUAL CR/PR SESSIONS

# How to Deliver

## SHIFTING YOUR MINDSET

# How to think of a hybrid program

Give the patient the most **value of rehab**, with a mixture of

- a) onsite sessions,
  - b) virtual 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.



## 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 SESSIONS

# Group Session Structure

Example: 45-minute group – 15-minute individuals (1 hour total)

### Schedule

- |    |  |             |
|----|--|-------------|
| 1. | Welcome and group share                                    | 0:00 - 0:10 |
| 2. | Staff led group exercise                                   | 0:10 - 0:20 |
| 3. | Staff led education topic                                  | 0:20 – 0:35 |
| 4. | Facilitated group discussion and close                     | 0:35 – 0:45 |
| 5  | Break-out room with individuals who have private questions | 0:45 – 1:00 |

# *Sample Patient Structures*

## **#1 – Light-weight**

- 4 onsite sessions billed – intake, 30-day, 60-day, and 90-day
- 8 virtual sessions billed – education and group discussion; light exercise observed - 1 per week
- Async exercise sessions, education videos, vitals tracking, and assessments

## **#2 – Transition**

- 7 onsite sessions billed – first 6 over 2 weeks, and final session at 90-day
- 9 virtual sessions billed – education and group discussion; light exercise - 1 per week outside onsite
- Async exercise sessions, education videos, vitals tracking, and assessments

## **#3 – Max-out**

- 4 onsite sessions billed - intake, 30-day, 60-day, and 90-day
- 32 virtual sessions billed – 3 sessions a week for 12 weeks - full exercise routine observed
- Async education videos, vitals tracking, and assessments



# Session Requirements

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1. **Same as onsite**
  - a) Requirements match the 93797 and G0424 requirements, as if it were a regular onsite session.
  - b) ITP updated every 30 days
  
2. **Virtual physician supervision**
  - a) Have an “on-call” physician who can call and/or join video session immediately, if paged by staff.
  
3. **Safety precautions**
  - a) Have procedure in place for if emergency occurs
  - b) Add more upfront education on home safety
  - c) Add pre-session steps to verify location, phone access, others around, and symptoms.



# Implementation Considerations

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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.



## Delivery Model Considerations

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- 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



VIRTUAL CR/PR SESSIONS

# How to Bill

# Modifications from Onsite Session Billing

To properly bill for virtual sessions under the “hospital without walls” waivers, here are steps you’ll perform that differ from your regular onsite session billing processes.

## 1. Initial billing setup

- a) Ensure you can bill 93797 (or G0424)
- b) Ensure you can add PO modifier
- c) Ensure you can change PBD location per patient session

## 2. For each patient

- a) Submit one-time PBD declaration of home address to CMS Regional Office by email, within 120 days of first virtual session

## 3. For each session

- a) Same documentation as regular onsite session
- b) Add PO modifier and change PBD location
- c) Notes of video call and staff observed



# FAQ

## QUESTION

**Is there a patient co-pay for virtual CR/PR sessions we bill?**

## ANSWER

**Yes, any virtual sessions billed with 93797 or G0424 will have a standard patient co-pay, the same as if it were an onsite session.**





VIRTUAL CR/PR SESSIONS

# Financials

## IMPLEMENTATION

# Simple Financials

- **Per patient –**
  - 12 billed sessions per patient - \$1,320 per patient
- **During PHE – Light-weight Model**
  - 6 virtual classes/week – average 8 per class = 48 billed virtual session/week (\$5,280)
  - 3 months of PHE - 12 weeks = \$63,000 added revenue
  - 6 months of PHE – 24 weeks = \$126,000 added revenue



2019 CR Data										
	Average billed sessions / month	Average sessions / patient	Capture Rate (Pre-Covid)		Enrolled patients/year	Total qualified patients/year	Missed patients (opportunity)	Estimated monthly revenue (@\$110/session)	Estimated sessions billed / year	Estimated annual revenue (@\$110/session)
	760	25	30.00%		365	1217	852	\$ 83,645.83	9125	\$ 1,003,750.00
	417	25	30.00%		200	667	467	\$ 45,833.33	5000	\$ 550,000.00
					565	1883	1318	\$ 129,479.17	14125	\$ 1,553,750.00
		OVERALL	30.00%							
					Percent of missed patients captured into HBCR	10%	Increased patient capture			
					Total capture rate	37.0%	This scenario shows the added enrollment and revenue from capturing more patients that were previously missed, and adding a minimal number of billed sessions for each (minimum of 4 billed sessions).			
					Number of new patients from this	132				
					Avg billed sessions per new patient	12				
					Ave. revenue per session	\$ 110.00				
					Additional annual revenue (@\$110/session)	\$ 174,020.00				

HYBRID REHAB

# How Chanl Helps

ABOUT US

# Chanl Health

*Your A to Z partner for virtual  
cardiopulmonary rehab.*

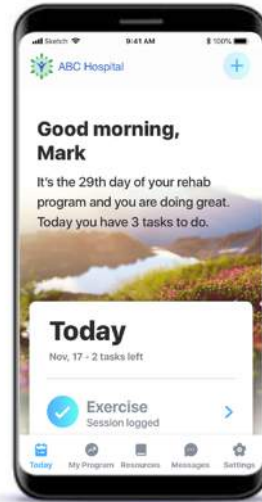
We provide a full turnkey solution for hybrid rehab, including:

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



# How it works

The Better Hearts smartphone app is installed on the patient's device at orientation. They receive remote monitoring devices and training.




# 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.



Care team staff can view patient data in real-time through the dashboard, and receive alerts for symptoms or trends.

The exercise progression and care plan adjustments are discussed on counseling phone calls and through chat messages.



ABC Hospital

Jared Stieling

GENERAL

Overview

Patients

SETTINGS

Resources


Organization

MY ACCOUNT

Profile

Logout

Patients



**Jerry Seinfeld**

MRN: u1

Program: **Cardiac Rehab**

Status: **Active**

Last Engaged: **4 days ago**


Progress: **Day 18 of 90**

Start date: **Apr 09, 2019**

End date: **Jul 07, 2019**


Chat Log Other Actions

**Jerry Seinfeld - ABC Hospital**




**Health Bot** 4/9/19, 9:22 PM

Welcome to the program. I'm your virtual helper, here to provide you with guidance along the way.



**Jerry Seinfeld** 4/10/19, 9:54 AM

Thanks. I don't think I can make the call we have scheduled tomorrow, could we change it to Friday?



**Health Bot** 4/10/19, 3:11 PM

Hey Jerry, great job on logging your first exercise session. Keep up the good work, and remember to let us know if you have any symptoms or questions

Send new message to patient

Send message

**Calendar** Activity Care Plan Info

April 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement
14	15	16	17	18	19	20
	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement
21	22	23	24	25	26	27
	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement
28	29	30	1	2	3	4
	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement
5	6	7	8	9	10	11
	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement	Exercise Log measurement

**Patient Data**

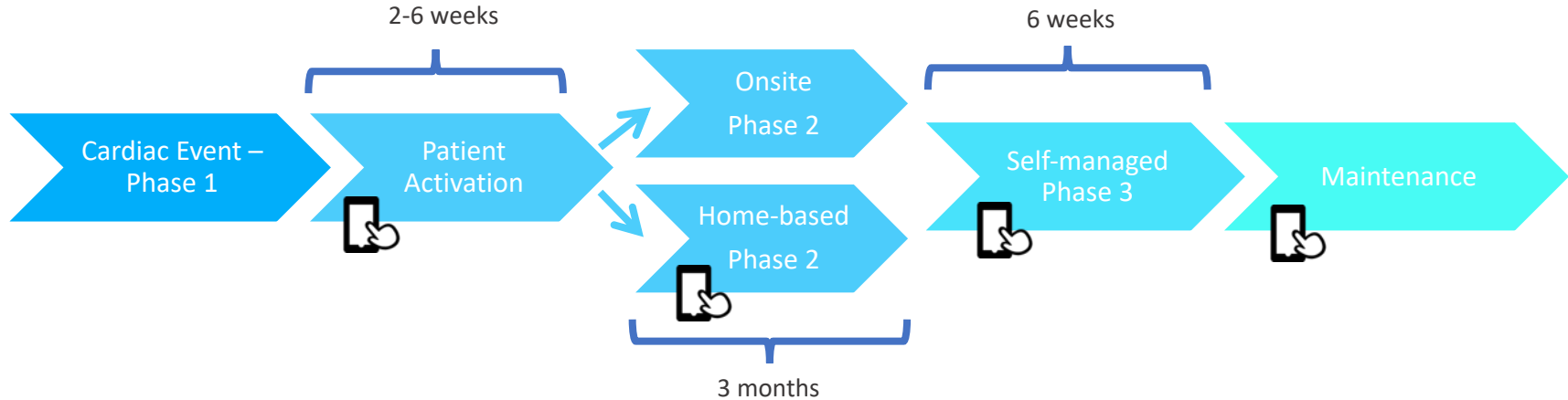
Summaries by day

Exercise	Measurements



# Extending the Reach of Cardiac Rehab

## Best Model:



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

## IMPLEMENTATION

# HBR without reimbursement

*Hybrid rehab is financially sustainable  
WITHOUT reimbursement, and  
SERVES MORE PATIENTS!*

- Additional revenue to onsite sessions, from previously missed patients.
- Keeps patients safe within their comfort level, as COVID-19 continues.



HYBRID

# Next Steps

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- Reach out to your compliance department
- Contact us for demo and quote
- Implement with staff
- Launch with 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

Below are the questions we received live during the webinar from attendees, along with responses.

Please feel free to contact [Barba@chanlhealth.com](mailto:Barba@chanlhealth.com) with any additional questions that may not have been answered.

# Questions

- What is meant by an “asynchronous” task? This refers to the patient doing either an exercise or education session without being observed by staff. Think of what you ask your center-based patients to do on off days. These are not reimbursable.
- What does PBD stand for? Provider Based Department
- Does physician supervision need to be constant during the session? Yes, real time, live observation of the patient and it can be met through audio visual technology.
- Is Zoom HIPPA compliant? Zoom encryption fully complies with HIPPA Security Standard to ensure the security and privacy of PHI

# Questions

- 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

- Can a patient have virtual cardiac rehab and home health? It depends on the diagnosis of “medical necessity” of home health. It would need to be case by case.
- 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 “unmonitored”, so no physiological monitoring is required.
- Are both audio and visual components needed for the session to be billable? Yes, video is required unless “circumstances prohibit” it.
- 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.