North Carolina Telehealth Playbook

Table of Contents

Section I – What is Telehealth

Telehealth is defined as the use of electronic information and telecommunication technologies to support distance clinical health care, patient and professional health-related education, public health, and health administration. The term telehealth is often interchanged with telemedicine, which is different because telemedicine typically refers directly to remote clinical services[1].

I-a: Fundamentals of Telehealth

Telehealth is used throughout the world to connect patients, providers, public health professionals, students, and many more to resources that they might not otherwise be able to access. Telehealth is used in rural areas to provide communities with access to specialists such as mental health professionals, cardiologists, dentists and other health care providers who may require an extended commute time to access. For example, telehealth allows individuals in need of dental exams the opportunity to see a dentist hundreds of miles away via live video and can provide dental students with the opportunity to watch dental procedures remotely.

I-b: Telehealth Modalities

Telehealth is delivered by one of four modalities[2].

Remote Patient Monitoring (RPM) is the use of a connected electronic tool to record personal health and medical data in one location for review by a provider in another location, usually at a different time. This usually includes an actual electronic transfer of data.

Examples of North Carolina sites using RPM include:

- [Roanoke Chowan Community Health Center](#)
- [Vidant Health System](#)

It should be noted that considering the COVID-19 pandemic, telehealth has quickly catapulted to an integrated part of many healthcare sites. One of the challenges, however, is that sites will need additional support to maintain these services once the pandemic has ended. Support includes continued reimbursement opportunities, education and training for patients and providers, and clinical outcome measures to support the intervention. A topic that has been of increasing interest is how to integrate RPM into common clinical operations. Two of these options relate to the Centers for Medicare & Medicaid Services' (CMS) [Transitional Care Management (TCM)](#) and [Chronic Care Management (CCM)](#).

- **TCM** specifically relates to the management of a patient who is being discharged from an inpatient setting (see attached document for approved discharge settings) and transitioned back home. This extends over a period of less than 30 days.
- **CCM** specifically relates to the management of one or more chronic conditions (see attached document for approved conditions) for a patient over an extended period (at least 30 days).

Live (synchronous) videoconferencing is a two-way audiovisual link between a patient and a care provider.

Examples of North Carolina sites using synchronous videoconferencing include:

- [East Carolina University's NC-STeP program](#)
- [Health-e-Schools program in Western NC](#)

Store-and-forward (asynchronous) videoconferencing is the transmission of a recorded health history to a health practitioner, usually a specialist. This can also include use of questionnaires shared between providers.

Examples of North Carolina sites using asynchronous videoconferencing include:

- [Mount Olive Primary Care Center](#)
- [Appalachian Mountain Community Health Centers](#)

Mobile health (mHealth) is health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.

Examples of North Carolina sites using mHealth include:

- [Chatuge Family Practice](#)
- [Celo Health Center](#)

I-c: Things to Consider for a Telehealth Program

The following checklist has been pulled from the California Telehealth Resource Center. These sections and objectives are intended to provide users with actionable, trackable steps that can be used toward developing a successful telehealth program. While this is a comprehensive list, every telehealth program is different. The points and objectives outlined here will be applicable to some telehealth programs but not all. This section should be used as a guide to help users consider all the potential needs of their program.

Assess Service Needs & Environment

- Know what healthcare services are not currently available to your patients.
- Identify and prioritize activities suited for telehealth.
- Identify the assumptions and constraints for implementing a telehealth program.
- Decide on the top reasons for developing a telehealth program, based upon your Telehealth Readiness Assessment results.
- Determine that there is willingness and desire to pay for the fulfillment of the need.

Define and Specify Program Model

- Know which services will be offered to meet the identified patient needs.
- Identify the mode of service delivery.
- Determine who will provide the service and where they are located.
- Develop the organizational model that best suits your patient needs.
- Identify any constraints based on your organization, for example federally qualified health center rules.
- Know the general technological features & functions that are needed to deliver the target services in a proposed way.

- Of the choices of technology, select the one most appropriate for your program.
- Determine any additional human resources needed and where will they be located.
- Locate any additional facility-related resources needed and where will they be located.
- Address any legal, legislative or regulatory constraints that your organization would need to consider when developing your telehealth program.
- Determine your program's implementation approach (i.e. phased, pilot).

Develop Business Case

- Determine approximate start up and operating costs for your telehealth program.
- Figure out how the benefits of telehealth relate to the mission of your organization and the needs of the community.
- Analyze the payer mix and how to obtain reimbursement for services that are covered by payers.
- Obtain financial commitment to implement and sustain your telehealth services.
- Know the approximate expected cost reductions (i.e. providers who no longer travel to remote clinics).

Plan Program and Technology

- Identify the activities or steps that you will undertake to achieve your telehealth objectives.
- Develop a plan that you will need for managing the work involved in establishing a telehealth program.
- Identify who in a leadership position in the organization will be involved in your program and what their role will be.
- Determine members of your telehealth team and their roles and responsibilities.
- Develop a communication/marketing strategy to promote your telehealth services.
- Develop policies and procedures for operation of the program.
- Ensure suitable space for telehealth.
- Determine how appointments will be scheduled.
- Identify the type of training needed and who should be trained.
- Develop clinical referral guidelines.
- Determine how telehealth will be integrated into clinic operations.
- Identify the attributions of hardware, software, and telehealth (i.e. bandwidth, product standards, and product features) needed.
- Define the necessary service level and support agreements.
- Identify the interoperability and scalability requirements.
- Assess the existing organizational resources that can be used to meet specified requirements (i.e. existing network, hardware, equipment).
- Figure out the types of approvals or authorizations required to assign existing resources to the telehealth services.
- Know the organization's procurement policies and procedures.

Develop Performance Monitoring Plan

- Design an approach to measure, track, and achieve your targets for telehealth volume and utilization.
- Craft a plan to measure success in achieving your project goals, objectives, and outcomes.
- Determine how you will know what impact telehealth has made in your organization.
- Develop data collection methods for obtaining the needed data.
- If the performance objectives are not being met, design a process of identifying and implementing the necessary changes.
- Understand how program improvements will be defined, planned, implemented, tested, and managed.

Implement the Telehealth Program

- Monitor project schedules and determine if deliverables are being met.
- Assess risks and mitigate when necessary.
- Ensure you have a communication plan.
- Determine how needed program modifications are identified and managed.

Monitor & Improve Program

- Determine if the program is meeting its objectives.
- Decide what changes are needed to ensure that the program meets its objectives.

I-d: Telehealth Vendors

Determining which vendor is most appropriate for your organization is an important step in the implementation of telehealth. There are many factors to consider, and there are thousands of vendors to choose from. The MATRC Vendor Selection Toolkit provides you with a tool to help you plan for vendor selection. Preparing, selecting, and engaging are the key steps to make the best choice for your team.

In addition to the preparation link above, there is also information for additional vendor selection resources that will provide further guidance as you finalize your selection.

Section II – NC Telehealth Provider and Consumer Resources

Everyone can use telehealth. Telehealth is intended to allow anyone, anywhere, to have access to the health care resources that they need. This may include the opportunity to see a health care provider far away from the patient's home. It can enable a provider to consult with another provider about a patient's condition or receive a result back the same day versus waiting weeks for the patient to have a follow up appointment. Telehealth can be intimidating for first time users, and especially for those who are less comfortable with using technology.

These barriers can be overcome with technical assistance and support from various resources, such as some listed below.

For Provider and Consumer Telehealth Resources, see links below:

NC DHHS Provider Telehealth Resources

NC DHHS Patient/Consumer Telehealth Resources

NC Area Health Education Centers Telehealth Resources

II-a North Carolina Technical Assistance Resources
Office of Rural Health (ORH)

ORH provides statewide technical assistance to safety net sites across North Carolina. The Health Information Technology (HIT) Program works directly with the North Carolina Safety Net to assess needs and provide technical assistance to improve the use of Electronic Health Records, Telehealth, NCCARE360 and the use of NC HealthConnex, the state-designated health information exchange.

NC Area Health Education Centers (AHEC)

This site provides resources covering operational tip sheets, various toolkits, and access to webinars and presentations. In addition, NC AHEC provides 1:1 practice support coaches who can help providers with telehealth optimization and integration, clinical workflow redesign, billing and coding, etc.

Community Care of North Carolina (CCNC)

CCNC supports providers across the state as they monitor continuing changes in telehealth. Resources include Medicaid policy and coding requirement changes, telehealth guidance and resources, and various provider resources addressing specialty needs such as COVID-19.

Section III – Telehealth Reimbursement

Telehealth reimbursement is an extremely important topic and ever changing. It is important to understand that there is a difference in "coverage" versus "reimbursement" for telehealth visits. While a health insurance provider may state that a telehealth visit is "covered," it is important to note that the amount for that visit may not be the same payment coverage as a face-to-face encounter. Insurance carriers are beginning to expand their telehealth options to their clients, but the patient and provider need to be aware of which services are covered and at what rate.

III-a CMS Telehealth Services

The main source for driving telehealth payment models are with the Centers for Medicare & Medicaid Services (CMS). The private insurance sector will often follow guidance from federal programs, such as CMS. Currently, Medicare has increased its coverage to include synchronous video, remote patient monitoring (RPM), and some additional inter-provider telehealth codes. It is important to reiterate that "coverage" does not equal payment parity. Parity laws are defined as reimbursement for telehealth services at the same rate of comparable in-person service. Some codes, such as RPM codes, are based on a per patient, per month fee. You can find a complete list of CMS coverage codes and policies at the following link: CMS Medicare Learning Network Telehealth Policy Coverage.

CMS RPM Telehealth Services Excerpt		
CPT Code	Description	Reimbursement
99453	Medicare/Medicaid remote patient monitoring of physiologic parameters. Initial setup. Patient education and equipment use.	$21 Average Setup
99454	Medicare/Medicaid remote patient monitoring of physiologic parameters. Initial. Device supply with daily readings or programmed alerts transmission, each 30 days.	$69 Average Setup
99457	Medicare/Medicaid remote patient monitoring treatment management services. 20 minutes or more of clinical staff/physician/other qualified healthcare professional time. Within a calendar month. Requires interactive communication with the patient/caregiver during the month.	$54 Average Setup
All reimbursement figures are current as of 9/2020.		

While CMS is a federal governing body, it is up to each state to determine what their state Medicaid benefits will cover. The list of current NC Medicaid covered services and codes can be found on the state's Medicaid site. The current Medicare Fee Schedule can be found here on the CMS website.

III-b Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) Policies

An important note for North Carolina practitioners is understanding telehealth originating and distant site coverage. An originating site is the location where a beneficiary receives telehealth services. The beneficiary must be located at the originating site. The distant site is the location where the provider is located and can receive payment for covered services (subject to state

law). It is important for providers to check with individual payors about which telehealth services are covered and if there are telehealth site restrictions.

While noting the specifics around site policies, it is important to keep up to date with the changes in place of service payment policies thru Medicare and Medicaid. All of the newest policies can be found here, FQHC and RHC specific details are located at the bottom of this web page.

III-c COVID-19 Reimbursement

Telehealth reimbursement took a significant step forward in response to the COVID-19 Pandemic. Both federal and state governments increased telehealth funding opportunities so that providers could care for their patients and increase access to health care through telehealth. These changes went into effect as of March 2020; however, the long-term evolution and policy practices are still unclear. There are many resources on the NC Medicaid, AHEC and CCNC websites with state specific billing and coding tips like the example listed below.

North Carolina Area Health Education Centers "Billing & Coding Resources"

Telehealth/Telemedicine COVID-19 Billing Cheat Sheet

Code	Brief Description	Who can bill	Payers Accepted	Modifiers Needed	POS
		Telephonic Encounters			
99441	Telephone E&M provided to an established patient, parent or guardian (5-10 minutes)	Physicians, NPs, PAs, CNMs and other qualified health professionals (Check payer specific guidelines) NC Medicaid Providers: Physicians and APPs. Not for use in FQHCs or RHCs Tricare for Life *use Medicare guidance on telehealth*	Medicaid (anything other than COVID)	-CR (Medicaid)	11
			Medicare/Tricare for Life	None specified	11
			AETNA	None Specified	11
99442	Telephone E&M provided to an established patient, parent or guardian (11-20 minutes)	Physicians, NPs, PAs, CNMs and other qualified health professionals (Check payer specific guidelines) NC Medicaid Providers: Physicians and APPs. Not for use in FQHCs or RHCs Tricare for Life *use Medicare guidance on telehealth*	Medicaid (anything other than COVID)	-CR (Medicaid)	11
			Medicare/Tricare for Life	None specified	11
			AETNA	None Specified	11
99443	Telephone E&M provided to an established patient, parent or guardian (21-30 minutes)	Physicians, NPs, PAs, CNMs and other qualified health professionals (Check payer specific guidelines) NC Medicaid Providers: Physicians and APPs. Not for use in FQHCs or RHCs Tricare for Life *use Medicare guidance on telehealth*	Medicaid (anything other than COVID)	-CR (Medicaid)	11
			Medicare/Tricare for Life	None Specified	11
			AETNA	None Specified	11
98966	Telephone assessment and management service provided to an established patient, parent, or guardian (5-10 minutes)	Qualified nonphysician health care professional (Check payer specific guidelines) NC Medicaid Providers: LCSW/A, LPC/A, LMFT/A, LPA, LCAS/A, Ph.D. Not for use in FQHCs or RHCs Tricare for Life *use Medicare guidance on telehealth*	Medicaid	-CR (Medicaid)	11
			Medicare/Tricare for Life	None specified	11
			AETNA	None Specified	11
98967	Telephone assessment and management service provided to an established patient, parent, or guardian (11-20 minutes)	Qualified nonphysician health care professional (Check payer specific guidelines) NC Medicaid Providers: LCSW/A, LPC/A, LMFT/A, LPA, LCAS/A, Ph.D Not for use in FQHCs or RHCs Tricare for Life *use Medicare guidance on telehealth*	Medicaid	-CR (Medicaid)	11
			Medicare/Tricare for Life	None specified	11
			AETNA	None Specified	11
98968	Telephone assessment and management service provided to an established patient, parent, or guardian (21-30 minutes)	Qualified nonphysician health care professional (Check payer specific guidelines) NC Medicaid Providers: LCSW/A, LPC/A, LMFT/A, LPA, LCAS/A, Ph.D Not for use in FQHCs or RHCs Tricare for Life *use Medicare guidance on telehealth*	Medicaid	-CR (Medicaid)	11
			Medicare/Tricare for Life	None Specified	11
			AETNA	None Specified	11

COVID-19 Telehealth Billing for Well Child Visits

Last Revised February 19, 2021

Section IV – Other Telehealth Resources

IV-a United States Department of Health & Human Services (HHS)

Health IT Telemedicine and Telehealth
HealthIT.gov is a website that provides health information technology resources for numerous fields of healthcare.

US Health and Human Services

This site provides recommendations from the federal government about how to encourage providers to adopt and use telehealth to see patients in appropriate situations.

IV-b North Carolina Area Health Education Center (NCAHEC)

North Carolina Area Health Education Center (NCAHEC)
NCAHEC has a robust library of resources surrounding telehealth.

IV-c Health Information Technology Evaluation, and Quality Center (HITEQ)

HITEQ Safer at Home: Using RPM

HITEQ is a national training and technical assistance center created to support health services in full optimization of their health IT systems.

IV-d Mid-Atlantic Telehealth Resource Center (MATRC)

The Health Services & Resource Administration (HRSA) federally funds national telehealth resource centers (TRCs) across the country. These TRCs support deliveries of telehealth technical assistance by regional recipients. They share expertise through individual consultations, training, webinars, conference presentations, and a significant web presence. The Mid-Atlantic Telehealth Resource Center (MATRC) covers the region that includes North Carolina.

What is Telehealth?
MATRC has an introductory site that allows users to learn the fundamentals of telehealth before diving into a specific program.

Last Revised February 19, 2021

Getting Technical Assistance from MATRC
For specific follow up requests from MATRC, users can submit information and be assigned a Consultative Service Partner.

Request a Speaker

MATRC provides event speakers on a variety of topics related to telemedicine and telehealth. This link provides an online request for on-site speaking engagements.

IV-e Special Populations

Deaf and Hard of Hearing
This site delivers guidelines for healthcare providers on video-based telehealth accessibility for deaf and hard of hearing patients.

People with Disabilities

This is a previously recorded Cisco WebEx meeting that is titled "Practical Health Guidance for People with Disabilities: Using Telehealth Sessions Effectively for Your Healthcare Needs."

Patient/Consumer Resources

This site contains information for consumers and patients who are interested in more information about telehealth.

American Lung Association – Tobacco Cessation

This site offers an extensive guide for providers looking to utilize telehealth as a method for delivering tobacco cessation services and solutions to their patients.

IV-f Telehealth Funding

The Mid-Atlantic Telehealth Resource Center has a list of available grants, as well as tips for competitive grant writing. These funding opportunities are available throughout the year and open to various organizations and sites. Each grant has detailed information about the specifics needed to apply. MATRC provides additional funding opportunities here.

Section V – Telehealth Specialty Topics

V-a: COVID-19

North Carolina Area Health Education Center (NCAHEC)
The NCAHEC was initially developed to address national and state concerns with the supply, distribution, and retention of health care providers. Currently, the NCAHEC program consists of the program office, nine regional AHECs, and the Duke AHEC program. The mission is to support

educational activities and services that focus on primary care in rural communities and those with less access to resources to recruit, train, and retain a robust workforce.

Community Care of North Carolina (CCNC)

CCNC is a program that has decades of experience working with providers to promote best practices and quality improvement. CCNC uses strategic data and reporting to develop strategies and action plans for improving clinical measures and health outcomes.

Mid-Atlantic Telehealth Resource Center (MATRC)

MATRC is a regional program that provides technical assistance and resources to adopt and advance telehealth education and utilization across the defined region. This region includes Delaware, District of Columbia, Kentucky, Maryland, New Jersey, North Caroline, Pennsylvania, Virginia, and West Virginia.

National Consortium of Telehealth Resource Centers (NCTRC)

NCTRC is a collaboration of 12 regional and two national Telehealth Resource Centers (TRCs) that are committed to implementing telehealth programs for rural and underserved communities. These centers are funded by the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA).

Center for Connected Health Policy (CCHP)

CCHP is a nonprofit organization that used research and best-proactive models to develop telehealth virtual technologies into health care systems and practices. This organization advances telehealth policy while also providing technical assistance to telehealth resource centers previously mentioned.

ECHO COVID-19 Response

University of New Mexico's ECHO program offers information and resources specifically for the COVID-19 response. The ECHO model has allowed health care professionals across the globe to connect and share critical information about the pandemic.

North Carolina Department of Health and Human Services Medicaid (NC DHHS)

NC DHHS has compiled a list of resources and telehealth and virtual patient communications since the start of COVID-19. These resources offer a variety of topics and information on the current COVID needs, changes, and tools.

How do we sustain telehealth after COVID-19?

COVID-19 catapulted telehealth at many sites. Social distancing and a "safer at home" mandate created challenges for patients to see their providers. This created a surge in telehealth interest to bridge the gap both in access to healthcare and sustainability of revenue. Changes to

Last Revised February 19, 2021

restrictions and legislation around telehealth allowed providers to gain momentum in this delivery method that has previously been challenging, especially for rural and safety net site locations[i]. Key components to the continued success of telehealth will include:

- HIPAA legislation and regulations
- Coding and billing allowances
- Patient comfortability
  - Digital literacy
  - Health literacy
  - Telehealth readiness
  - Broadband access
- Provider comfortability
  - Telehealth readiness
  - Broadband access
  - Equipment availability

CMS Partner Toolkit

CMS has produced a toolkit that is specifically for patients and providers during the COVID-19 outbreak. There are materials, websites, and resources that provide the most current information on a continually changing issue. There are also numerous webinar sessions that anyone can sign up to attend.

V-b: Behavioral Health

East Carolina University NC-Statewide Telepsychiatry Program (NC-STeP)
NC-STeP was developed in accordance to Session Law 2013-360, Senate Bill 616 and subsequently General Statute 143B-139.4B, which directed the Department of Health and Human Services, Office of Rural Health (ORH) to partner with East Carolina University (ECU) on a statewide telepsychiatry program. ECU worked to address the gaps in access to psychiatric medical services across the state, in the over 90 mental health shortage counties in North Carolina. For individuals who were in an emergency department due an involuntary commitment order or a behavioral health crisis, consultation with a psychiatric provider could be several days. The hospitals often transfer patients to an inpatient psychiatric hospital to allow access to needed assessment and follow up. The NC-STeP program offers virtual visits so patients can access psychiatric care and connect with follow up services much sooner in their community. Starting in 2019 the program was expanded to health departments to address patients before they are in a crisis in the hospital emergency departments in North Carolina.

MATRC Telebehavioral Health Center of Excellence

This resource is a branch of MATRC that stays current with trending needs in telebehavioral health. Resources include information on clinical guidelines, HIPAA security, laws and regulations, and more.

Last Revised February 19, 2021

NCAHEC Telehealth Toolkit for Behavioral Health

NCAHEC has put together a short document providing quick tips on how to prepare for the telebehavioral health session before and during the meeting. This guide offers basic step off checks to ensure a smooth session between patient and provider.

V-c: Teledentistry

NC Oral Health Collaborative
The NC Oral Health Collaborative is an introduction to the definition of teledentistry, how it can be used, and current teledentistry practices.

V-d: ECHO

University of New Mexico Extension for Community Healthcare Outcomes (ECHO) Program
ECHO is a combination model of education and care management that allows healthcare professionals of all fields to provide more care to people, right where they live. The model focuses on the premise of "moving knowledge, not people." This allows professionals to be trained on specialty topics such as HIV treatment, autism awareness, and behavioral health management in a way that they can expand this care across their own patient populations.

V-e: ECHO Examples of Specialty Topics

The University of New Mexico offers a wide variety of ECHO specialty programs, allowing professionals across the globe to have increased education and access to a variety of topics. Below are some examples:

Endocrinology

First Responder

Rheumatology

Medicaid Quality Improvement and Hospitalization Avoidance (MQIHA)

Section VI – Broadband and Telehealth

The connection between broadband and telehealth implementation is synergetic. Broadband is defined as a high-capacity transmission technique using a wide range of frequencies, which enables many messages to be communicated simultaneously. Basically, broadband is another term used for bandwidth – or the amount of data that can be sent through a connection – to access high-speed internet. The more bandwidth, the more information a user can send or receive at any given time. The Federal Communications Commission (FCC) further defines broadband as a minimum download speed of 25 Mbps and upload speeds of 3 Mbps. This

speed can be achieved through multiple technologies including fiber optics, cable modems, DSL (telecommunications technology), wireless, and satellite. North Carolina's Broadband Infrastructure Office, or BIO, serves as a statewide resource for broadband access, first responder communications and classroom connectivity initiatives led by the state of North Carolina. BIO offers several tools to assist in providing technical assistance to individuals and businesses across North Carolina who are trying to implement a broadband plan.

Community Broadband Planning Playbook

This link directs parties to a playbook that provides tools by using resources to identify the current broadband needs.

North Carolina Broadband Survey

This link to the broadband survey includes a built-in speed test. The information gathered will be used to inform research and policy decisions, provide information for the GREAT grant program, and support strategic targeting of additional funding streams.

Broadband 101

This link provides basic broadband information highlighting why it is important, what the benefits of broadband are and how it is accessed.

BIO also highlights funding opportunities on its website here. Depending on the grant cycle, the grants available are funded through the state of North Carolina or through the federal government. Listed are several other resources which can be found under the Other Resources section on the BIO website. These broadband funding opportunities exist through local and national foundations.

Section VII-Sources

[1]California Telehealth Resource Center. (2014). *The CTRC Telehealth Program Developer Kit: A Roadmap for Successful Telehealth Program Development*.

[2]HealthIT.gov. (2020). Telemedicine and Telehealth

[i] American Medical Association: Maintaining Momentum after COVID-19