Telehealth Lunch & Learn Webinar Series: Session 4
Remote Patient Monitoring:
Medicaid New Rules & Pediatric Asthma Project
May 15, 2018

MARYLAND DEPARTMENT OF HEALTH

OFFICE OF HEALTH SERVICES

MEDICAID REMOTE PATIENT MONITORING OVERVIEW

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Tuesday, May 15, 2018

Agenda

I. Definition and Prescribing RPM

II. Preauthorization Requirements

III. Coverage Information

IV. Billing Information

V. Questions

VI. For More Information

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What is RPM?

- Remote Patient Monitoring (RPM) uses digital technologies to collect health data from individuals and transmit it securely to health care providers.

- Data is monitored daily by providers.

- Health care providers then use the transmitted information for assessment, recommendations, and interventions.

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Who Prescribes RPM

Providers that may prescribe RPM include:

- Home Health Agencies
- Hospitals
- Clinics
- Federally Qualified Health Centers
- Managed Care Organizations
- Health Professionals (Physicians, Nurses, and Physician Assistants)

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When to Prescribe RPM

Providers should order RPM when:

- RPM is medically necessary to improve chronic disease control.

- Patient has excess hospital utilization (ED or Inpatient) due to poor disease control.

- RPM may reduce potentially preventable hospital utilization (ED or Inpatient).

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Targeted Conditions

Currently, RPM is approved to target the following medical conditions:

- Diabetes Mellitus (Type 1 and 2)

- Congestive Heart Failure

- Chronic Obstructive Pulmonary Disease

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Other Requirements

- Individuals must be enrolled in Medicaid.

- Individuals must consent to RPM.

- Individuals must have an internet connection and the ability to use the monitoring tools in their homes.

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Other Requirements

Individuals must have one of the following scenarios with the same qualifying medical condition as the primary diagnosis, within the previous 12 months:

- 2 admissions
- 2 ED visits
- 1 admission and 1 ED visit

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Preauthorization Form

| **MARYLAND DEPARTMENT OF HEALTH** **REMOTE PATIENT MONITORING** **PREAUTHORIZATION FORM** | **Home Health Providers:** FAX: 410-333-5085 ATTN: Tia Lyles | **Other Health Professionals:** FAX: 410-333-5050 ATTN: Monasha Holloway |

SECTION I: PATIENT INFORMATION

FULL NAME	DOB	MEDICAID NUMBER
HOME ADDRESS		

SECTION II: PAY-TO PROVIDER INFORMATION

FULL NAME	NPI	MEDICAID PROVIDER NUMBER
PHONE	FAX	

SECTION III: RENDERING PROVIDER INFORMATION

FULL NAME	NPI	MEDICAID PROVIDER NUMBER
PHONE	FAX	

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Preauthorization Form

SECTION IV: QUALIFYING CONDITIONS

For qualifying condition, mark 1 and circle corresponding ICD10(s). Both qualifying events should have same primary qualifying condition but may have different ICD10s.

Example: *COPD, ICD10: J44.1 and J44.9.*

☐ Diabetes Mellitus
ICD-10:

☐ Chronic Obstructive Pulmonary Disease (COPD)
ICD-10:

☐ Congestive Heart Failure (CHF)
ICD-10:

SECTION V: QUALIFYING EVENTS

Please mark 1.

☐ Recipient had **2 hospital admissions** within the prior 12 months with the same qualifying medical condition as the **primary diagnosis**.

☐ Recipient had **2 emergency department visits** within the prior 12 months with the same qualifying medical condition as the **primary diagnosis**.

☐ Recipient had **1 hospital admission and 1 emergency department visit** within the prior 12 months with the same qualifying medical condition as the **primary diagnosis**.

SECTION VI: ATTESTATIONS AND SIGNATURE (Please initial all that apply.)

_____ Patient is not getting similar service from another provider.
_____ Patient is felt to be at high risk for repeat hospital utilization and this monitoring will reduce the risk.
_____ Patient has the ability to utilize the monitoring equipment and has stated a willingness to do so at the requested frequency every day.
_____ Patient is not residing in a hospital, nursing facility, or other medical or psychiatric institution.
_____ The ordering provider, if not the rendering provider, has (or will) alerted the service provider to the monitoring values which require immediate notification. **(Home Health Agencies only)**

_____   _____

SIGNATURE (Physician, Physician Assistant, or Nurse Practitioner)   DATE

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RPM Episodes

RPM referrals may cover an episode of up to 60 days of monitoring.

Individuals may receive two episodes of RPM during a rolling 12-month period.

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RPM Episodes

Authorization limits apply across provider types.

For example, an individual **cannot** receive two episodes of RPM from a home health agency and two episodes of RPM from another provider during a rolling 12-month period.

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RPM Rates

The reimbursable rate for RPM is **$125 per 30 days of monitoring** and is all-inclusive.

Example: If a physician monitors a qualifying diabetic patient for 60 days with RPM, the physician will be reimbursed $250 total for the episode.

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RPM Rates

The all-inclusive rate covers:

- Equipment installation

- Educating individuals about how to use the equipment

- Daily monitoring of the information transmitted for abnormal data measurements

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RPM Rates

The rate does NOT cover:

- RPM Equipment

- Upgrades to RPM Equipment

- Internet Service for Individuals Who Qualify for RPM

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RPM Codes

HCPCS Code S9110 is reimbursable for RPM for the following provider types:

- Clinics
- FQHCs
- Hospitals
- MCOs

- Physicians
- Nurse Practitioners
- Physician Assistants

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RPM Codes

Revenue Code 0581 is reimbursable for Home Health Agencies **ONLY**.

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MCO Note

Managed care organizations (MCOs) in the HealthChoice program may have different preauthorization requirements and reimbursement than the FFS system.

Please contact the MCOs about their specific RPM requirements.

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MCO Note

MCO	Provider Information Number
Aetna Better Health of Maryland	1-866-827-2710
Amerigroup Community Care	1-800-454-3730
Jai Medical Systems	1-888-524-1999
Kaiser Permanente	1-877-806-7470
Maryland Physicians Care	1-800-953-8854
MedStar Family Choice	1-800-905-1722
Priority Partners	1-800-895-4998
UnitedHealthcare	1-877-842-3210
University of Maryland Health Partners	1-800-730-8543

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Resources

Visit the RPM page on the MDH website:
https://mmcp.health.maryland.gov/Pages/RPM.aspx

- RPM Transmittals
- RPM Preauthorization Form
- Link to the RPM regulations in COMAR

Home Health Providers: Tia Lyles

(410) 767-1448 or tia.lyles@maryland.gov

All Other Providers: Monasha Holloway

(410) 767-1737 or monasha.holloway@maryland.gov

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Feasibility Pilot:
Developing a Program to Foster a Child's Self-Management of Asthma

Agenda

Remote Patient Monitoring (RPM) of children with asthma:

- Strategies

- Benefits and Metrics to Date

- Considerations for deployment under the current Medicaid RPM rules

Pediatrics at Home Background

We are a comprehensive provider of home based services, inclusive of home health, infusion and durable medical equipment serving the central corridor of Maryland and Washington, D.C.

Why Asthma?

- Second leading cause of admissions to Johns Hopkins Children's Center
- Traditional home care model has not worked for this population, but we have the expertise of providing care in the community
- Perhaps a mobile platform could increase access to where the patient is, as well as engage in self-management
- Found a vendor that was willing to commit and collaborate on a pediatric-specific technology

The Team

Susan Huff, RN, MSN
Senior Director, Pediatrics at Home
Program Principal Investigator

John Adamovich, MHA
Administrator, Business Development and Innovation
Program Manager

Melissa Lantz-Garnish, RN
Monitoring Program Administrator
Program Clinical Lead

Michael Batista
Quantified Care, CEO
Program Coordinator

Leslie Poole, RRT
Pediatric Respiratory Therapist
Program Clinical Lead

Technology powered by

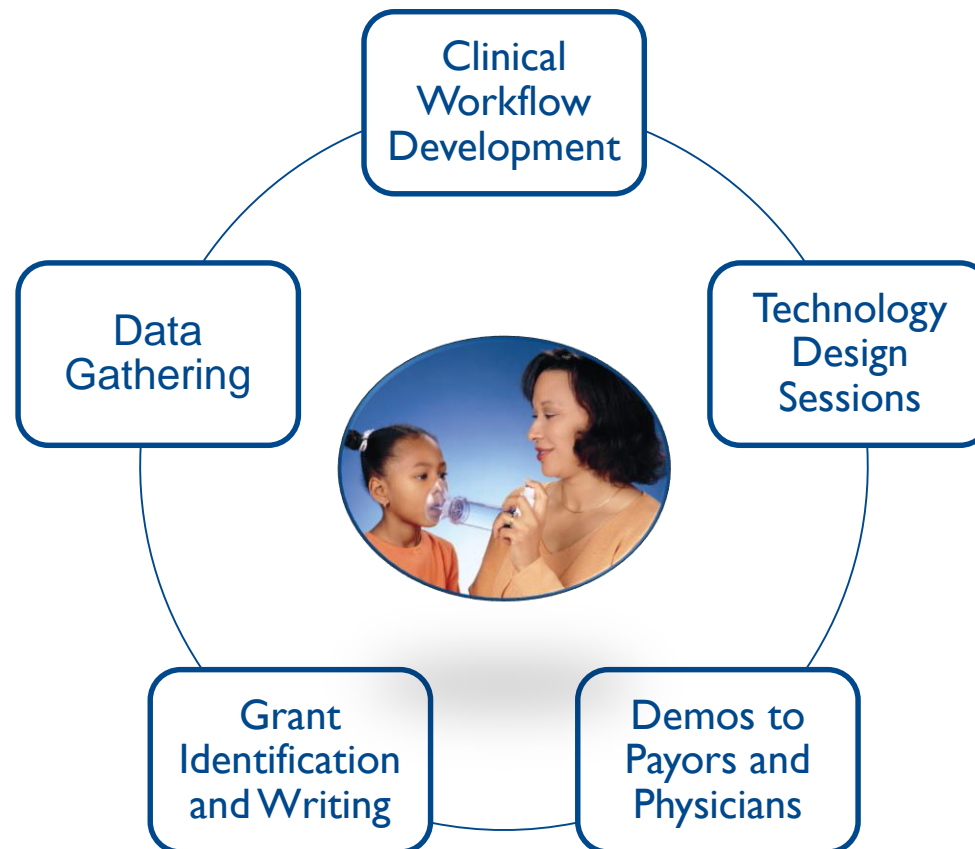QuantifiedCare

Strategies: Environmental Scan

1. National, State and City Data

	USA	Maryland	Baltimore City
Prevalence			
Total Pediatric Population	74.1M	1.4M	133,560
Total Pediatric Asthma Population	6.2M	161,003	27,914
Lifetime Pediatric Asthma Prevalence	12.60%	16.40%	-
Current Pediatric Asthma Prevalence	8.40%	11.90%	20.90%
Social Impact			
Total Number of Patient Missed School Days	10.5M	510,057	
Missed School Days per Patient	1.69	3.17	
Total Number of Caregiver Missed Work Days	84,000	4,080	
Caregiver Missed Work Days per Patient	1.35	2.53	
Cost of Productivity Loss per Year	$2.3B	$59.3M	$10.2M
Medical Impact			
Emergency Department Visit Rate (per 10,000 patients)		136.1	360.2
Emergency Department Total Visits		18,520	5,514
Emergency Department Cost per Visit		$685	$820
Emergency Department Total Visit Cost		$12.1M	$4.5M
Hospitalization Rate (per 10,000 patients)		25.4	50.7
Hospitalizations Total		2,976	792
Hospitalization Cost per Event		$5,403	$7,506
Hospitalization Total Cost		$16.1M	$5.9M

2. Survey and Focus Group of Target Population
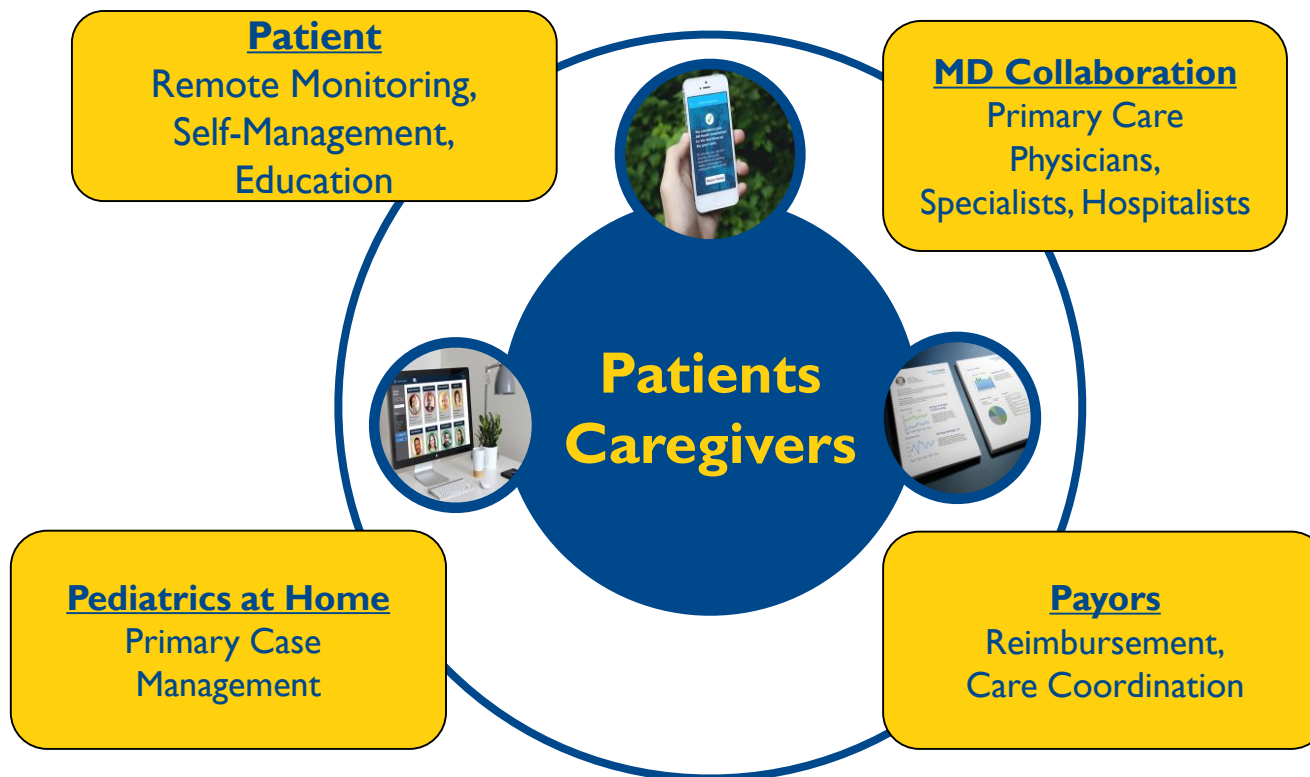
Strategies: Pre-Deployment

Weekly meetings since fall 2015 led to a cycle of refinement:

- Clinical Workflow Development
- Technology Design Sessions
- Demos to Payors and Physicians
- Grant Identification and Writing
- Data Gathering

Strategies: Deployment

- Training

- Implementation

- Evaluation

- Outcomes

- Program Sustainability and Scalability
  - Funding

Coordinating Care with Technology

Patient
Remote Monitoring, Self-Management, Education

MD Collaboration
Primary Care Physicians, Specialists, Hospitalists

Patients Caregivers

Pediatrics at Home
Primary Case Management

Payors
Reimbursement, Care Coordination

Benefits

- Increased Access: Bring Your Own Device

- Scalability of our clinicians

- Ability to:
  - get patients into PCP appointments
  - obtain up-to-date Asthma Action Plans
  - communicate via patient/caregiver preference
  - relay pertinent information to care team in near real time
  - proactively intervene before an issue becomes more serious
  - reinforce age appropriate medication education
  - provide supplies and facilitate refills

Outcomes to Date

- Ages 5-21
- Referred from JHCP Canton Crossing, East Baltimore Medical Center, and Remington
- Graduate at 90 days

Representative of April, 2017 through March, 2018 in an ongoing study

Measure	Amount	Description
Participants	77	98% Priority Partners (Medicaid MCO)
Currently Enrolled	9	
Graduates	53	12 graduates are still checking in
Engagement	87%	Users engaging at least 4 times per 30 days
Reduction in High-Cost Utilization	80%	Pre/Post 90-day Comparison for ED Visit or Hospitalization
Reduction in High-Cost Utilization	53%	Pre/Post 180-day Comparison for ED Visit or Hospitalization
Patient/Caregiver Satisfaction	98%	Tests for Satisfaction and Technology Acceptance

Considerations with Medicaid

- Currently, this program is not reimbursable under Maryland Medicaid

- Goal: Work with Maryland Medicaid towards expanding coverage to include the care for children with asthma via a remote patient monitoring program

Q&As

Thank You!

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webinar survey
coming to your inbox soon!

Or, click here

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