Questions and Answers

Operations Leaders Webinar

Last update: 4/9/20

Questions Asked April 8, 2020
Discussion Topic: "Responding to Lost Volume: Managing patient population, managing staff" led by
Matt West, Chief Executive Officer at Wee Care Pediatrics and
Mark Davis, Chief Executive Officer at Wasatch Pediatrics

1. **What is your experience with Doxy.me?**
   Answer from Matt: Fairly seamless experience, and had physician as a champion to help implement. A few glitches, but minor. Using paid version to get full features, otherwise must share virtual waiting room.

   Additional comments from others on the call:
   - We have been doing telemedicine for around two years. While our EHR supports telehealth, it is more cumbersome for our patients, so we typically use Doxy.me as well and have had good feedback from patients. Also easy for my providers to use.
   - We use Doxy.me, but we are using the free version and signed up for one account per provider. So we don't have to worry about shared waiting rooms.

2. **For Doxy.me, did you pay per provider or one account for the office? We worried about patients having access to email vs the ease of text? Has that worked ok?**

   Answer from Matt: One account per provider and it has worked great.
   Additional comments from others on the call:
   - Found free version, signed up for Doxy.me account per provider. Instead of using provider's personal email or cell number, create a generic email account to prevent use of personal contact information.
   - We are reaching through Facebook, Google, and our patient portals to let patients know that we are doing Telemedicine.

3. **In-home visits for newborns is innovative. How do you bill for this?**
   Answer from Matt: General idea principle is "not going to be perfect." Roll with it and make changes as needed. Have not yet rolled out in-home visits for newborns, but preparing and working on this. For billing, would bill as a normal visit. Matt and Mark: discuss with physicians about well-visits on Telehealth. May not be billable.

   Additional comments from others on the call:
   - We have also been looking into in home visits. There is a list of appropriate coding on the Medicare website for those visits and necessary compliance to use those types for visits.

- I have also seen typical reimbursement for telehealth codes using the POS 2 or 11 for BCBS or appropriate modifiers.
- The only 2 payors not letting private clinics bill for telehealth is Healthy U and PEHP. Reportedly, PEHP is paying 90% of the normal E&M with a GT modifier and a POS of 2.
- I was thinking PEHP was only allowing the use of Connect Care for their patients. I would love to hear otherwise. I guess Motive Health needs to be included in that rule as well.
- SelectHealth won't cover well-child visits done by telehealth.
- We created a grid about what payers are paying to keep track of requirements and billing. Update frequently

4. **Are clinics still encouraging preventive care visits and if so, how are you advertising that to your patients?**
   Answer: We are encouraging preventative visits but only for 30 months or younger. Another idea is car visits: ask parents to stay in the car, then send provider out for face-to-face visit. Not optimal, but can work in some situations. This is also a billable visit.

   Additional comment from others:
   - We are continuing to do these. Providers are working on solutions that meet their needs – separation of well and sick visit times; separate entrances; or moving all sick visits to one location only.
   - We have had our providers take nursing calls in the evening to screen for Telehealth opportunities.
   - Use of patient portal has really improved

5. **Have you seen denial of claims?**
   Answer: Most are still pending; have not yet seen any denials.

   With the ADHD follow up visits, I contacted the DOPL to get info on scheduled II drugs via telehealth and they did not have a lot of information for me. The did say it had to be an established patient relationship and outlined at least one in-person visit a year for it to be allowed. Thoughts?
   Answer: Can prescribe for controlled substances even if patient hasn't been seen face-to-face. The regulations were relaxed on this.

   Additional comment:
   - My understanding for ADHD - no longer require in-person for refills of sch. 2, at least temporarily.

6. **Is it helpful to be proactive with patients?**
   Answer from Matt: This has been suggested by our board. Some care coordinators proactively calling patients to reach out and check on the family, plus send some educational information.
   Answer from Mark: Discussing this with managers, because being proactive can help instill confidence. Also, keep in mind schedules are looser and could accommodate in-person visit if needed.

7. **Legally, can you bill a telehealth that is provider initiated? I didn't think so. Though the opportunity to send out info, review the AAP is a great idea just from a medical standpoint.**
   Answer: Dr. Neal Davis reached out and asked this question – answer is YES, you can bill Telehealth that is provider initiated. Have care coordinators / care managers in office reach out to those on your panel with

risk, e.g. asthma, diabetes, medical complexity to check on patient. If need to review plan of care and determine response if becomes ill, schedule a tele-visit to do that work. This visit is covered. Level of billing often done by time on tele-visit.

8. **I know that Abbott has come out with a COVID test for ID NOW system. Last I heard, they were sending those tests directly to highly populated areas first such as NY. Are your clinics considering testing for COVID when it is available or is your plan to still send them all out to be tested?**
   Answer: We will discuss in-office testing as in a future call. To our knowledge, this isn't available yet in the Utah market

<u>Strategies for Business Continuity</u>

9. **Are some providers on different pay models?**
   Answer from Mark: Many APPs on a model that required cut in hours. Difficult conversations.
   Answer from Matt: Know and understand what you can and can't do according to contracts. Might be time to re-negotiate.

   Additional comment:
   - Appointment volume is leading indicator. Pay on more regular basis (monthly), then settle on total quarter volume.

10. **Are you building a larger cash cushion, given the vaccine and fixed expenses still coming in?**
    Answer from Matt: In pediatrics, two main drivers are people and vaccines/medicines. Must make hard decisions and cannot wait. Base decisions on appointments, direct provider schedules and staffing needs. For vaccines, reduce purchasing, do 2x/week inventory and keep just what you need real-time. Occupancy expenses come next—what can you do to mitigate expenses such as space rental cost?

    Mark agreed. Consider payroll protection loan from SBA. SBA loan also applies to mortgage. Calculate building expenses, all expenses, not just mortgage.

11. **This is out of the box thinking, but for carriers that are slow to reimburse, is there anything we can do to encourage quick payment? I am worried about small carriers going out of business.**
    Answer: There may be a domino effects for employers and payers the longer the COVID-19 response lasts. Some primary care networks are advocating for short-term prospective reimbursement with payers.

12. **Any advice on getting bank applications approved?**
    Answer from Matt: Go talk to banks where you have a relationship. Make sure they know your plans and what you are doing to stay solvent. Also, you could apply to double your line of credit.

    Additional comments:
    - The economic injury loan is state funded and has a low interest rate.
    - State also has a 90-day zero interest bridge loan.
    - Look for non-traditional lending companies, such as Divvy based in Lehi. Some process applications within 5 hours. Another is Lendio loans.

13. How are you managing the feel of this situation with your staff?

Answer from Mark: We are trying to prioritize FT employees, then lower hours for everyone fairly by 20-25%.

Answer from Matt: A key is communication about options they are looking at. Trying to have company-wide meetings to walk through considerations. Asking "what is the best thing to do for employees?" Also applying reduction of hours fairly, and providing information they need about documents to apply for unemployment. Employees with reduced hours can apply for unemployment.

Additional comment from others:

- Our clinic has taken this opportunity while we are slow to cross-train staff.
- We are being honest and trying to preserve hours as much as we can. In a small practice, it's a family and we're trying to keep them as whole as we can.
- I work from home as an incentive to reduce hours. If you are in a position to be able to do your job from home, I am allowing it but asking for them to only put in 50% of their typical schedule.