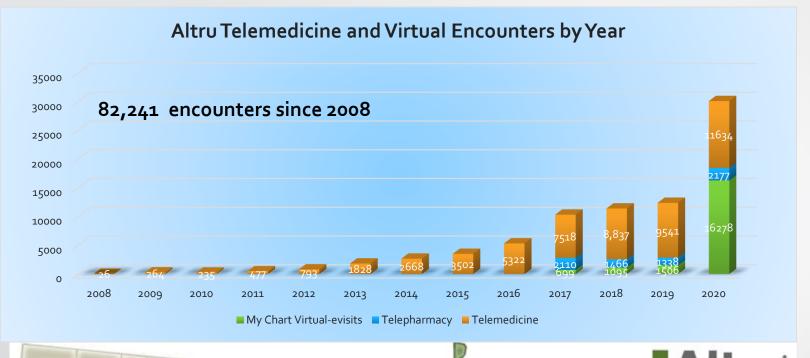


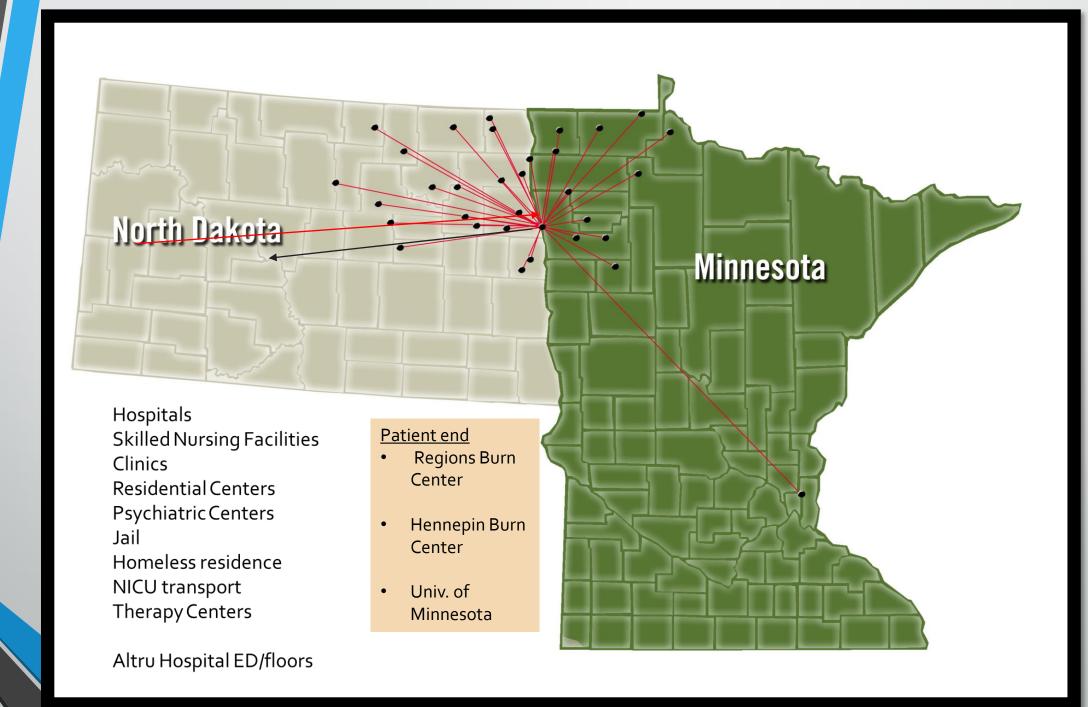
My History

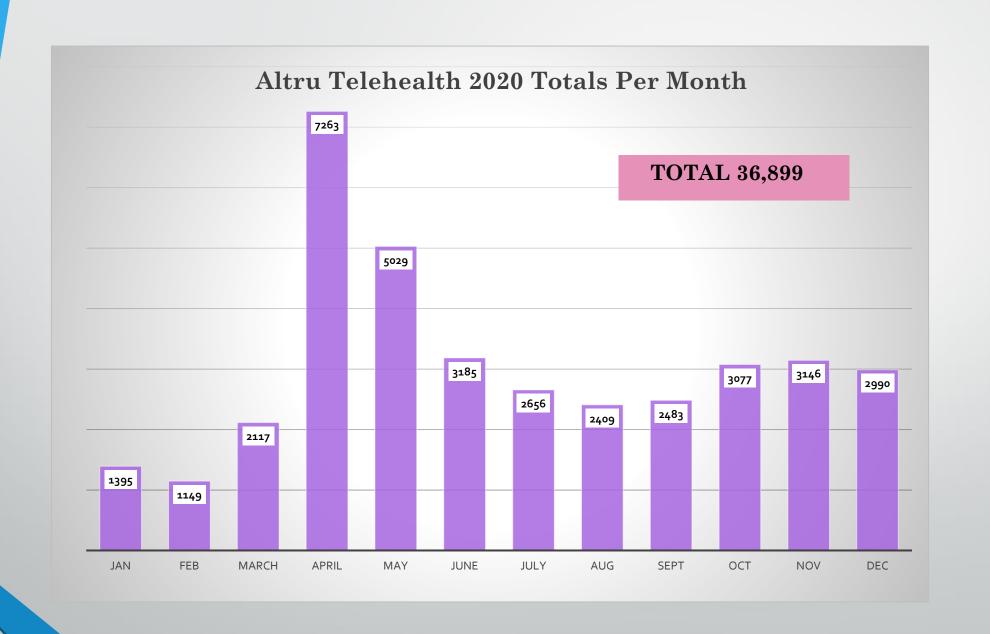
- Occupational Therapist
- Regional Services Manager
- Retired from Altru Health System as Virtual Services Manager
- Telehealth Program Manager Geriatric Workforce Enhancement
 Program University of North Dakota Medical School and Health Sciences
- Telemedicine Advocate
 - Advisory Council gpTRAC Regional Telehealth Resource Center
 - ND Health Information Telehealth Workforce Committee
 - Past Chair of Occupational Therapy Board of Practice



Altru
Telemedicine
Named Rural
Health Program
of the Year
2018 by ND
Center for Rural
Health







Value Proposition for a rural Regional Service



Increased access and quality of care #1



Reduce the travel for patients/families



Reduces travel for the outreach providers



Increase efficiencies



Increase the referral base and provider networking



Increases the revenue at the CAH/rural clinic



Telemedicine & Virtual Care Definitions

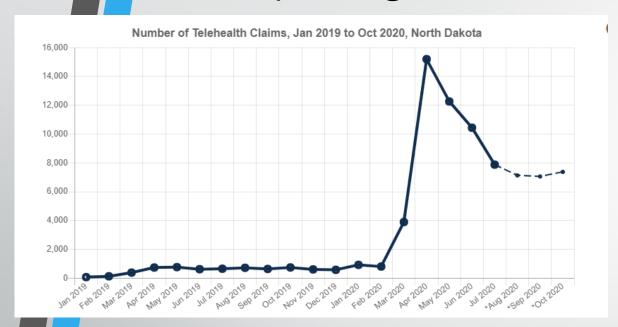
The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration (HRSA)

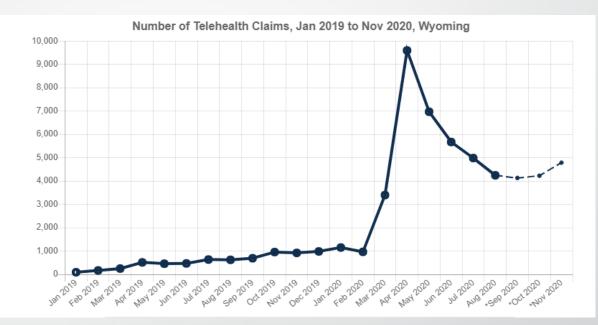
FOUR MAJOR APPLICATIONS	Definition	Altru Use Case		
Telemedicine/Telehealth	Scheduled encounters over Video with provider to patient at hospital, skilled nursing facility, clinic Facilitated by a telepresenter and tools like electronic stethoscope, otoscope, derm camera Medicare and Commercials pay same as face to face	Patient encounters across the Region to hospitals, SNFs, Clinics and residential centers Telestroke Telepsychiatry consults in Hospital MyChart Video Visit		
Virtual Care	Patient is connected by personal devices over internet to provider through MyChart portal. May be real time (video) or message based care. "Virtual Check-ins" *new medicare payment Provider to provider virtual consults * new medicare payment	MyChart Messaging MyChart eVisit MyChart Video Visit Epic eConsults		
Remote Patient Monitoring (RPM)	Use of medical grade devices to collect and send vitals/data for provider review and interpretation on case managed patients; blood pressure pulse meter, ECG lead, thermometer, weight scale, pulse oximeter, glucose meter, and PT/INR device Placed in home with managed care for 30 days to reduce readmission rate. * new medicare payment	HoneyWell Home Med CardioMems		

COVID-19 Telehealth Impact Study

- Research data set comes from large de-identified healthcare claims files provided by Change Healthcare representing over 50% of private insurance claims in the United States.
- Trends in telehealth between January 1, 2019, and December 31, 2020.
- Private insurance marketplace, Medicare Advantage programs and Medicaid programs using private insurance carriers.
- Does not include the majority of Medicare and Medicaid indemnity claims.

ND/Wyoming Telehealth Claims Jan 2019 to Oct 2020





April 2020

ND: 15,201

Wyoming: 9,595

Nation: 12,568,753

Oct 2020

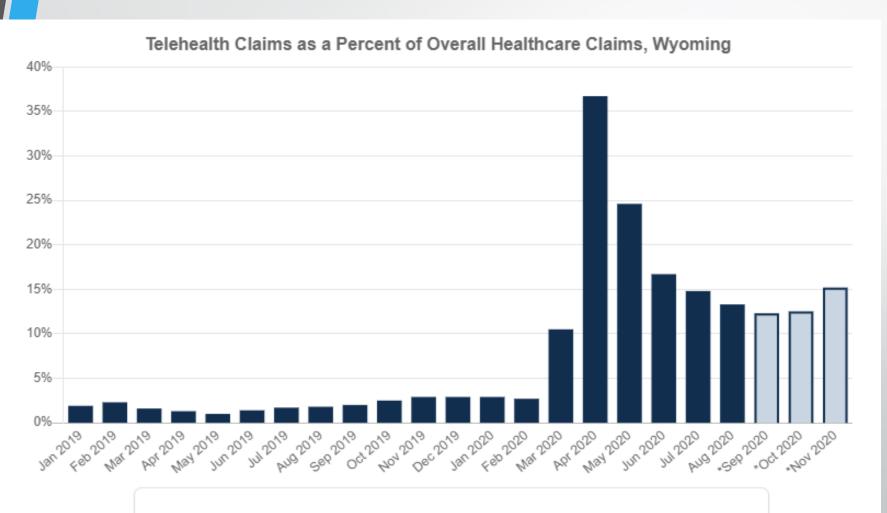
ND 7,380

Wyoming: 4,231

Nation: 6,928,499

Telehealth Impact - Claims Data Analysis (c19hcc.org)

Telehealth Claims as a percent of overall Healthcare claims Wyoming



April 2020

Wyoming: 36.7%

ND: 37.4%

Nation: 49.4%

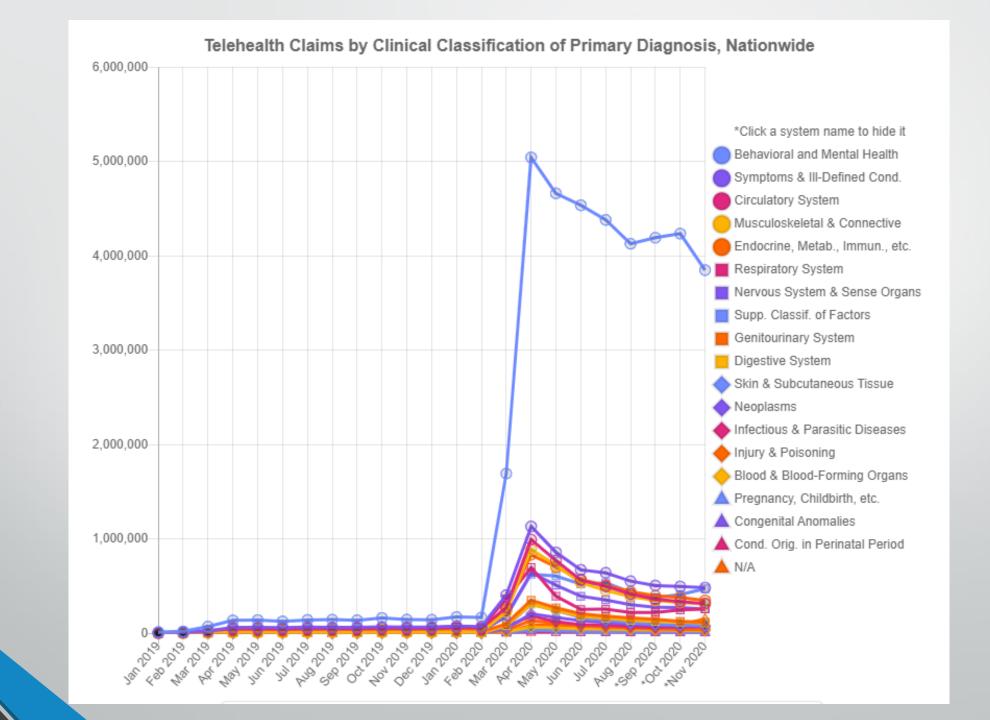
Oct 2020

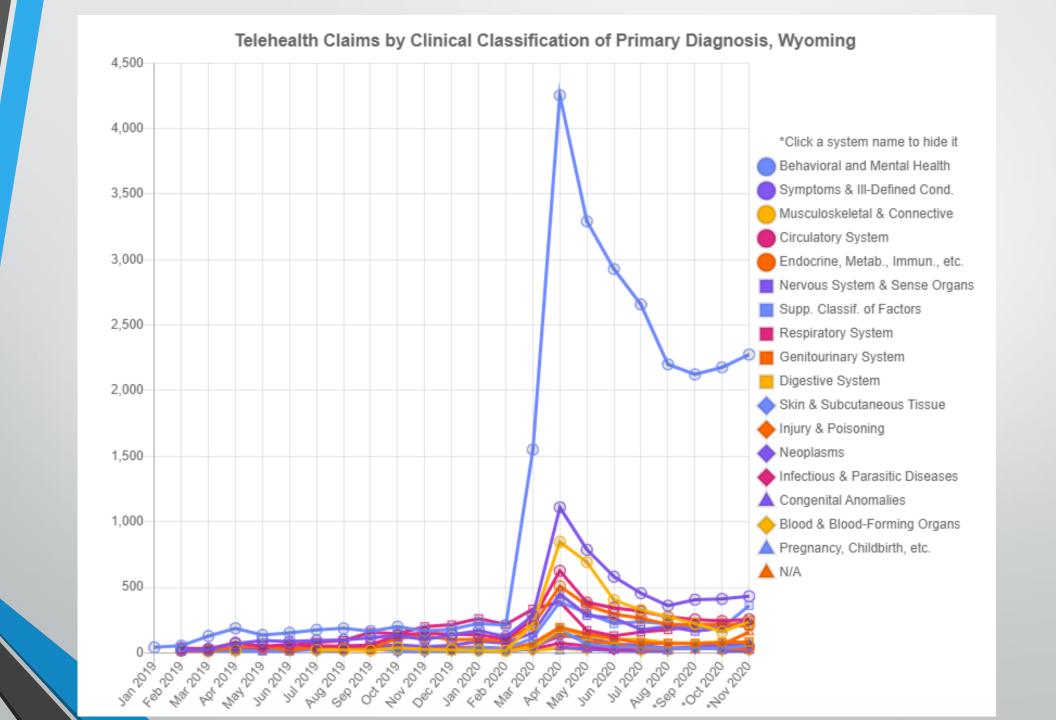
Wyoming: 12.5%

ND: 13.1%

Nation: 19.6%

Telehealth claims percentages were calculated using the top 100 procedure codes.





Altru Reimbursement Telehealth 2020 Payer #2

СРТ	Office Visits	Difference	
99202	New Patient/low severity	-\$48.15	-\$40,542.30
99203	New Patient/mod severity	-\$60.18	-\$72,155.82
99204	New Patient/high severity	-\$66.20	-\$36,807.20
99212	Established pt/minor	-\$36.77	-\$34,453-49
99213	Est pt/ low severity	-\$43.47	-\$447,567.12
99214	Est pt/mod severity	-\$56.17	-\$374,653.90

-\$1,006,179.83

Altru Reimbursement Telehealth 2020 payer #1

СРТ	Office Visits	Difference	
9	9202 New Patient/low severity	-\$42.39	-\$3,772.71
9	9203 New Patient/mod severity	-\$51.35	-\$3,697.20
9	9204 New Patient/high severity	-\$57.92	-\$3,996.48
9	9212 Established pt/minor	-\$36.43	-\$10,783.28
9	99213 Est pt/ low severity	-\$43.59	-\$69,046.56
9	9214 Est pt/mod severity	-\$55.54	-\$77,367.22
			-¢168 662 / F

-\$168,663.45

Parity Nationally

- 43 States and DC have laws that govern private payer reimbursement of telehealth
 - Some require payment parity: reimbursement be equal to in-person coverage
 - Some require coverage parity
 - Best source 17 states have payment parity in some form

Telehealth in North Dakota

- Coverage Parity in effect as of 2019
- Parity for commercial coverage is mandated during the PHE by emergency order of the ND Governor
- Federal level parity and waivers will be in place until the end of the calendar year of the PHE

North Dakota Parity

- 2017 Coverage Parity passed SB 2052
 - Mandate for commercial insurance coverage NOT payment
 - Specific providers listed as covered according to licensure
 - Addressed synchronous only must be video and audio

Mandates in North Dakota are to be studied by the public employees group insurance coverage for 2 years prior to implementation

Who?

Under Telemed ND LAW Section 26.1-36-09.15 of the North Dakota Century Code
Those in Red covered by Medicare

- Podiatrists
- Chiropractors
- Nurse as a registered nurse or advanced practice nurse
- Optometrists
- Pharmacists
- Physicians and Surgeons, physician assistant
- PT's
- Dentists
- Psychologists Medicare stipulates 'clinical psychologist

- Audiologists and Speech Pathologists
- OT's
- Social Workers, (Medicare stipulates 'clinical social worker)
- Respiratory Care Practitioners
- (Registered) Dietitians and nutritionists
- Addiction Counselors
- Counselors
- Naturopaths
- Genetic Counseling.

Study Outcomes per SB 2052

- July 1, 2015- June 30, 2016
- 551 professional claims totaling \$63,040
- 7 5% of telehealth claims were between a ND provider and ND patient
- Comments focused on possibility of savings for the insurers in the remote patient monitoring programs post hospital discharge
- 2016 Deloitte study supporting telehealth in value-based care models

Payment Parity 2020-2021

- SB 2179 Introduced and sponsored by ND Medical Association
- Payment parity for all entities and services noted in the original bill
- Includes audio, virtual applications
- Opposed by the Insurance commissioner and the commercial payers
- Emergency status

Status SB 2179

- Didn't pass out of Senate Human Services.
- Amended to a study of telehealth costs, services and reimbursement options May begin with a focus on behavioral health with recommendations to 68th legislative assembly, in 2 years
- Representative brought to House Human Services Committee. Today:
 Amended to include payment parity during the study
- Go to House Floor on March 30