



Provider Newsletter

2020 Q2

COVID-19 Update

As of March 11, 2020, our Organization declared the COVID-19 situation as an emergency and has since activated the Disaster Recovery Plan related to this infectious disease pandemic. **At this time, our operations remain fully operational and functional.**

The safety and well-being of our employees is of great concern, and the Organization has made the decision to close our physical offices in both Florida and Puerto Rico to all non-essential personnel. Employees not reporting to the office will continue to work via remote access until further notice and will have full access to computer systems and telephone systems to operate as they do every day. To be clear, we do not anticipate any impact to our daily operations, but we wanted to be transparent about the steps we are taking to minimize any disruptions in the wake of this pandemic.

Please continue to submit your authorizations and claims as normal, and reach out to your Provider Relations Representatives, as needed. Should you need to speak to someone via telephone, you can continue to utilize the same phone numbers to contact us. We are also encouraging you to follow and to stay up to date on the guidance from the: Centers for Disease Control and Prevention (CDC).

Please immediately report any incidents involving a COVID-19 infection, including but not limited to not being able to service a member due to a COVID-19 infection or your office closures due to a possible COVID-19 infection, by contacting us at 855-825-7818. Thank you for your support and understanding during these unprecedented times and we hope everyone remains safe and healthy.



Industry Voices—Relaxing telehealth regulations does not mean relaxing fraud enforcement

The COVID-19 pandemic rapidly expanded telemedicine use. Telehealth currently addresses everything from routine to pandemic-related care. To facilitate this expansion, federal healthcare programs have loosened, at least temporarily, telehealth restrictions. These eased restrictions, however, create increased opportunities for healthcare fraud and abuse, including Anti-Kickback Statute (AKS) and False Claims Act (FCA) violations.

Recent telehealth regulation changes and telehealth scrutiny

The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services adjusted their telehealth requirements to expand telehealth's ability to serve patients during the pandemic:

- Patients no longer need to reside in designated rural areas or have preexisting relationships with their providers.

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Free HIPPA Compliant Telehealth available to all TNNJ providers

Your commitment is to care for your patients. Our commitment is to enable your success - providing free access to an approved telehealth solution is one more way we do it. Utilizing telehealth, you can transform your practice into a 24/7 virtual care office without adding staff or equipment. In addition, you can video call patients on a HIPAA-compliant platform, while avoiding sick or at-risk patients visiting your office.

With dozens of vendors to choose from, selecting a telehealth solution can be an overwhelming task. Many of our providers have asked for our assistance in identifying an approved platform. We're pleased to announce a partnership with AllHealth CHOICE, a leader in telehealth.

You are under no obligation to use MyCharlie by AllHealth CHOICE, but if you choose to, **we'll cover the cost of a standard package until November 30, 2020.** The package is anything but standard - it includes everything you need to effectively and immediately deliver telehealth services.

All you have to do to take advantage of this offer is contact an AllHealth CHOICE representative at 844-334-0456 and let them know you are a TNNJ provider.

ADVANTAGES:

Quick Set Up: Onboarding takes less than 24 hours.

Multi-Communication Channels: Use screen shares with patients/family members/specialty physicians and online chats during the virtual consultation.

Revenue Generation: Most telehealth visits are reimbursed like an in-office visit.

Easy to Use Dashboard: Patients access the platform via an app for both Android and iOS. Providers access their dashboard to add people to a virtual consult; screen share, chat, broadcast messages and use other functions.

We understand that many providers continue to endure long wait times to get started with telehealth, while others are concerned about the cost or compatibility. Our partnership with AllHealth CHOICE helps eliminate those barriers.

For more information, please contact an AllHealth CHOICE representative at 844-334-0456. You may also contact your TNNJ Provider Relations Representative at 1-855-825-7818 for additional questions regarding this partnership.

COVID 19 Outreach

TNNJ is committed to making sure that our providers continue with their pledge to their communities amidst this pandemic. In accordance with this focus on supporting our providers, our administration is staying in constant contact with our network and facilitating resources at no cost to our providers.

A provider survey was put in place for our network to inform us on the current status of the practice and the potential need of supplies in order to open the practice. Our first PPE package was delivered on May 10th, 2020, and is ongoing. Below is a table of our distribution efforts as of June 18, 2020. If you are a provider in need of PPE supplies, kindly complete the online provider survey where you can request PPE supplies. <https://mytnnj.com/covid19survey>



36

Orders Fulfilled



254

Boxes of Masks



48

Boxes of Hand Sanitizers



138

Boxes of Gloves



30

Boxes of Sanitizing Wipes



11k+

Money Invested on Supplies

Relaxing telehealth regulations does not mean relaxing fraud enforcement

- Patients can have their telehealth appointments from the convenience and safety of their homes without traveling to medical facilities.
- More services can now be offered via telehealth, including evaluations to determine continued eligibility for hospice care.
- Telehealth providers can waive patient deductibles and copayments without penalties for offering impermissible kickbacks.
- In some circumstances, Medicare and Medicaid no longer require physicians to be licensed in the state in which their patients are located.
- Providers can use a number of everyday communication technologies to provide telehealth services without being fined by HHS' Office for Civil Rights. Providers are, however, required to make good faith efforts to protect patients' privacy, including, among other things, enabling all available encryption and privacy settings and notifying patients of the increased risk of using such technologies.

Despite these changes, some constants remain, such as the scrutiny telehealth providers face from regulators, particularly for AKS and FCA violations.

In the past year, well before the rise of COVID-19, telehealth providers saw two of the biggest Department of Justice (DOJ) takedowns in history for rampant kickback and fraudulent billing schemes. First, in April 2019, the DOJ charged 24 telemedicine and durable medical equipment company executives and physicians for allegedly paying \$1.2 billion in illegal kickbacks and bribes related to prescribing unnecessary back, wrist, shoulder and knee braces.

Second, in September 2019, the DOJ charged 35 individuals in a \$2.1 billion fraudulent Medicare billing scheme involving alleged kickbacks to telehealth providers ordering genetic tests. Regulators made clear that COVID-19 will not reduce their focus on prosecuting wrongdoing.

For example, the DOJ recently arrested a Georgia man for his alleged role in a conspiracy involving unnecessary COVID-19 tests. Pandemic or not, the telehealth industry is firmly in the crosshairs of heightened government scrutiny and oversight.

Changed regulations may increase, rather than decrease, enforcement actions

While easing regulations lead many to assume a decrease in enforcement actions, enforcement actions may increase as regulators respond to new opportunities for fraud. Specifically, telehealth services make it easier for fraudsters to pose as physicians and lure patients into sharing their protected health information or installing malware on their devices. The relaxed telehealth regulations greatly expand the number of patients for whom fraudulent claims can be submitted. Reduced cybersecurity requirements for telehealth communications increase the risk of hackers intercepting or stealing the protected health information necessary to submit fraudulent claims or commit healthcare identity theft.

Such practices will not go unchecked, and telehealth providers should establish protocols to keep from being unwittingly pulled into the crosshairs. Below are 10 considerations to reduce the risk:

- Establish mechanisms to verify patient identity.
- Establish or maintain protocols for informed consent and beneficiary initiation.
- Identify states that have waived in-state licensure requirements for telehealth, and establish protocols for disengaging telehealth with patients where the provider is not licensed in the patient state after the pandemic.
- Establish practice standards for patient examinations and remote prescribing.
- Document and maintain patient encounter records, including all regularly mandated documentation.
- Properly code telehealth services to ensure coverage.
- Review vendor agreements and patient incentives to ensure compliance with the AKS, FCA and Civil Monetary Penalties Law.
- Ensure compliance with state credentialing and scope of practice requirements.
- Establish privacy and security protocols for telehealth offerings and related systems.
- Notify patients of the increased risk of privacy issues when using telehealth services and strongly consider using telehealth vendors willing to execute a HIPAA-compliant business associate agreement.

Affirmative Statement about UM Decision Making

All clinical staff that makes Utilization Management (UM) decisions is required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.

Clinical Practice Guidelines


TNNJ uses Apollo, MCG Care Guidelines, or our Health Plan partner Clinical Guidelines (depending on the LOB) for Medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare.

For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation. The Apollo MCG Care Guidelines, or our Health Plan partner Clinical Guidelines are reviewed and approved by HS1 Medical Advisory committee annually, and are available in both electronic and hard copy format.



Medical Advisory Committee (MAC)

The Q2 2020 TNNJ MAC was held via WebEx on 6/18/2020. Items pertaining to gaps in our GEO access in the different counties were discussed, as well as new contract additions and the use of the web portal. We also discussed the distribution of different bulletins and important information regarding COVID-19, as well as PPE to the network at no cost to our providers.

 The next TNNJ MAC will be held on **September 17th , 2020 at 6pm.**

The TNNJ Medical Advisory Committee is used to discuss a number of policies, protocols, and clinical guidelines, quality related issues, integrated care delivery activities, as well as continued provider education initiatives.