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TIPS TO REDUCE READMISSIONS

Reducing avoidable readmissions is a necessary goal for any healthcare provider to help lower health care costs, improve quality of care and increase patient satisfaction. Readmissions account for more than \$14,000 per readmission in costs to the hospital, on average, according to the Healthcare Cost and Utilization Project.

Communication and post-hospital follow-ups are critical. Below is a recommended checklist.

REMINDER: Please use code 1111F when conducting a medication reconciliation post-discharge.

Checklist for Post-Hospital Follow-Up Visit

Prior to the Visit

- Review discharge summary.
- Clarify outstanding questions with sending physician.
- Reminder call to patient or family caregiver to:
 - Stress importance of the visit and address any barriers.
 - Remind to bring medication list and all prescribed and over-the-counter preparations.
 - Provide instructions for seeking emergency and non-emergency after-hours care.
- Coordinate care with home health care nurses and case managers if appropriate.
- Determine the need to:
 - Adjust medications or dosages;
 - Follow up on test results;
 - Do monitoring or testing;
 - Discuss advance directives;
 - Discuss specific future treatments (POLST).
- Instruct patient in self-management; have patient repeat back.
- Explain warning signs and how to respond; have patient repeat back.
- Provide instructions for seeking emergency and non-emergency after-hours care.

During the Visit

- Ask the patient to explain:
 - His/her goals for the visit.
 - What factors contributed to hospital admission or ED visit.
 - What medications he/she is taking and on what schedule
- Perform medication reconciliation with attention to the pre-hospital regimen.

At the Conclusion of the Visit

- Print reconciled, dated, medication list and provide a copy to the patient, family caregiver, home health care nurse, and case manager (if appropriate).
- Communicate revisions to the care plan to family caregivers, health care nurses, and case managers (if appropriate). Consider skilled home health care or other supportive services.
- Ensure that the next appointment is made, as appropriate.

SOURCE: California Healthcare Foundation

Thank you to all the doctors,
nurses and staff on the frontlines.
We stand together with you!



TELEHEALTH FOR MEDICARE

The Centers for Medicare & Medicaid Services (CMS) has loosened the regulations for telemedicine in response to the COVID-19 pandemic. Telehealth services may now be delivered to Medicare beneficiaries by phone as long as video capability is available.

Beginning on March 6, 2020, Medicare administered by CMS — will temporarily pay clinicians to provide telehealth services. It removes the telehealth stipulation that telehealth can only be provided in rural areas with specific audio-visual equipment.

Benefits of providing telehealth services:

- **Convenience** – Deliver care from your home or office
- **Opportunity for income** – offer additional or non-standard appointment times
- **Opens access** – Treat and see more members during this crisis
- **Secure** – Covered for Medicare telehealth, virtual check-ins, and e-visits
- **Reduce no shows/cancellations** – no member travel time required, and members feel safe

Telemedicine and virtual care have quickly become important tools in caring for your patients while keeping yourself and your staff safe as COVID-19 evolves. Telehealth is as simple as using your phone, smartphone or laptop with a shared link to enable video, or other electronic devices.

Summary of Medicare Telemedicine Services

Type of Service	What is the Service?	HCPCS/CPT CODE	Patient Relationship with Provider
Medicare Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients: *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
Virtual Check-Ins	A brief (5-10 minute) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients
E-Visits	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients

SOURCE: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>