Telehealth Resources in Indiana: UMTRC & ITN

Luke Wortley, Program Coordinator
Upper Midwest Telehealth Resource Center
(502) 220-2618
lwortley@indianarha.org

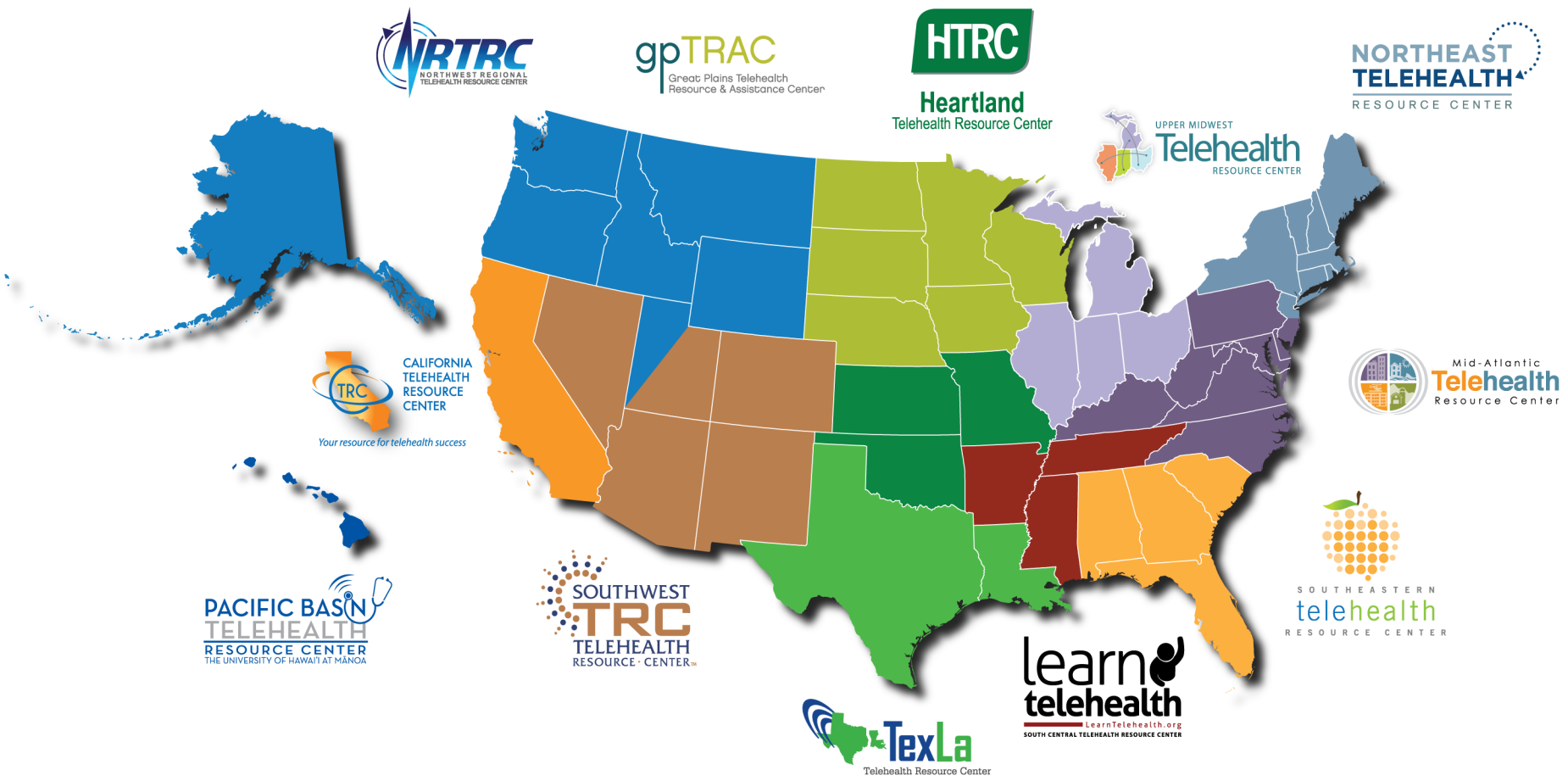
This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30351-01-00 under the Telehealth Resource Center Grant Program for $325,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

UMTRC.org

Agenda

- Intro to the Upper Midwest Telehealth Resource Center (UMTRC) & Telehealth overview
- Federal Updates
- State of the State
- Intro to the Indiana Telehealth Network (ITN)

TelehealthResourceCenters.org



TTAC
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

Center for Connected Health Policy
The National Telehealth Policy Resource Center

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

telehealthresourcecenters.org

- Links to all TRCs
- National Webinar Series
- Reimbursement, Marketing, and Training Tools

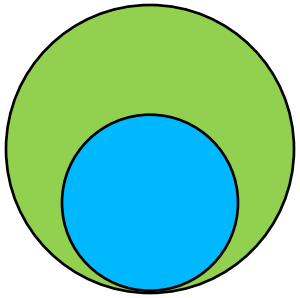
UMTRC Services

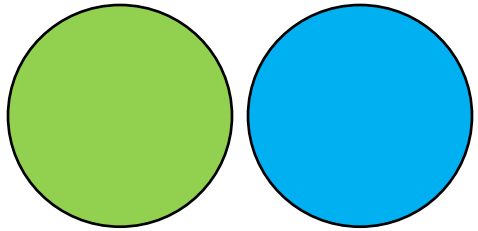
- Virtual Librarians
  - Individual Consultation
  - Technical Assistance
  - Connections with other programs
- Presentations & Trainings
  - Project assessments
  - Updates on reimbursement policy and legislative developments

Definitions and Concepts

Telehealth and Telemedicine

- Sometimes used interchangeably
- Two types of distinctions -
  - Telemedicine = billable interactive clinical services
  - Telehealth =
    - Broader field of distance health activities (CME, etc.)
    - Clinical remote monitoring (usually at home)





Types of Telemedicine

Asynchronous-Describes store and forward transmission of medical images or information because the transmission typically occurs in one direction in time. (Store-and-forward telemedicine)

Synchronous-Describes interactive video connections because the transmission of information in both directions is occurring at exactly the same period. (Live and Interactive Telemedicine)

Store and Forward

ADVANTAGES

No scheduling constraints.

Less burdensome technical requirements.

Low connection and equipment costs. (POTS)

Information stored centrally, more secure.

DISADVANTAGES

Limited Specialties.

Delay in getting feedback.

No patient provider interaction.

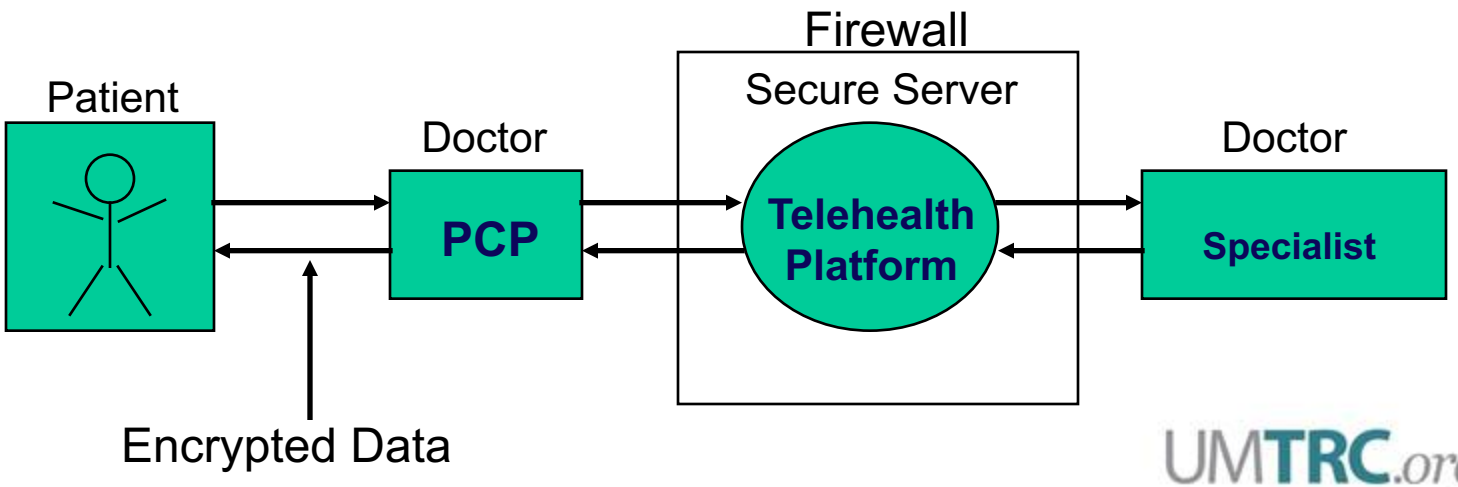
Incomplete view of the case.

Limited reimbursement.

What is Store-and-Forward

Store-and-Forward: A Web-based telemedicine application that allows for the secure transfer of;

- Patient medical records
- Pictures
- Video footage
- EKGs
- Vital Signs
- Blood Sugars
- ECGs
- EEGs



What is Live and Interactive Telemedicine?

Utilizing videoconferencing technology to provide real time medical consultation between provider and patient or provider and provider.

Service vs. Delivery Mechanism

- TH is not a service, but a delivery mechanism for health care services
  - Most TH services duplicate in-person care
  - Some are made better or possible with TH
  - Reimbursement equal to “in-person” care

Flavors of Telehealth

Hospitals & Specialties

- Specialists see and manage patients remotely
  - Telestroke, TeleICU

Integrated Care

- Mental health and other specialists work in primary care settings
  - Primary Care Medical Homes, Accountable Care Organizations

Transitions & Monitoring (Chronic Care Management)

- Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care
  - Technology captures patient data and transmits to primary care
  - Community Paramedicine

Primary Care in Schools

- Students access care during the school day without leaving campus

Federal Telemedicine Law & Policy

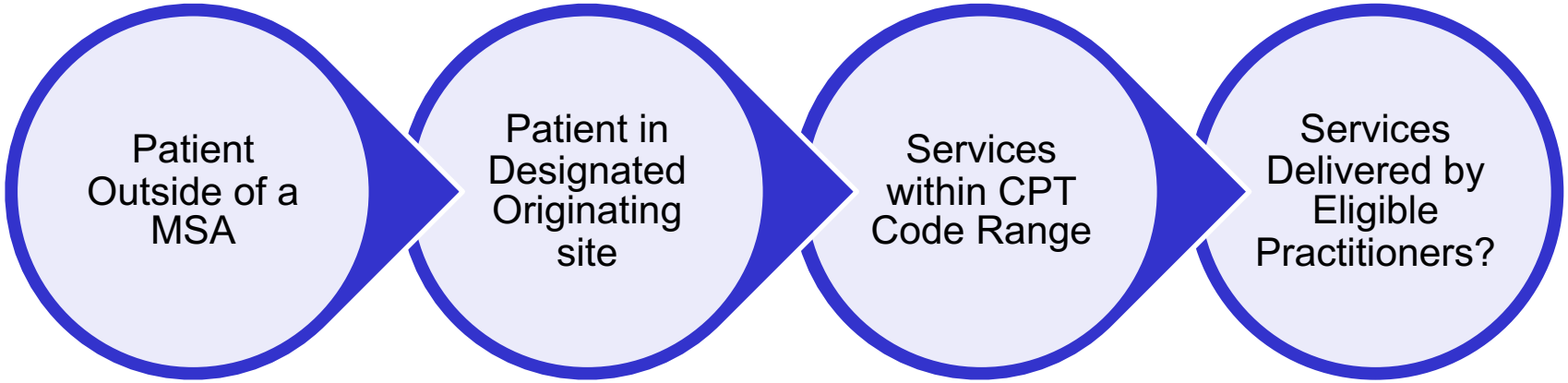
Professionals are regulated at the state level (doctors, nurses, counselors, etc.)

Medicare: Pays for certain outpatient professional services (CPT codes) for patients accessing care in rural counties and HPSAs in rural census tracts.

*No regs; only conditions of payment.

Medicaid: Telemedicine is "a cost-effective alternative to the more traditional face-to-face way of providing medical care…that states can choose to cover."

Medicare Telehealth Reimbursement Requirements



HPSA Rural Designation

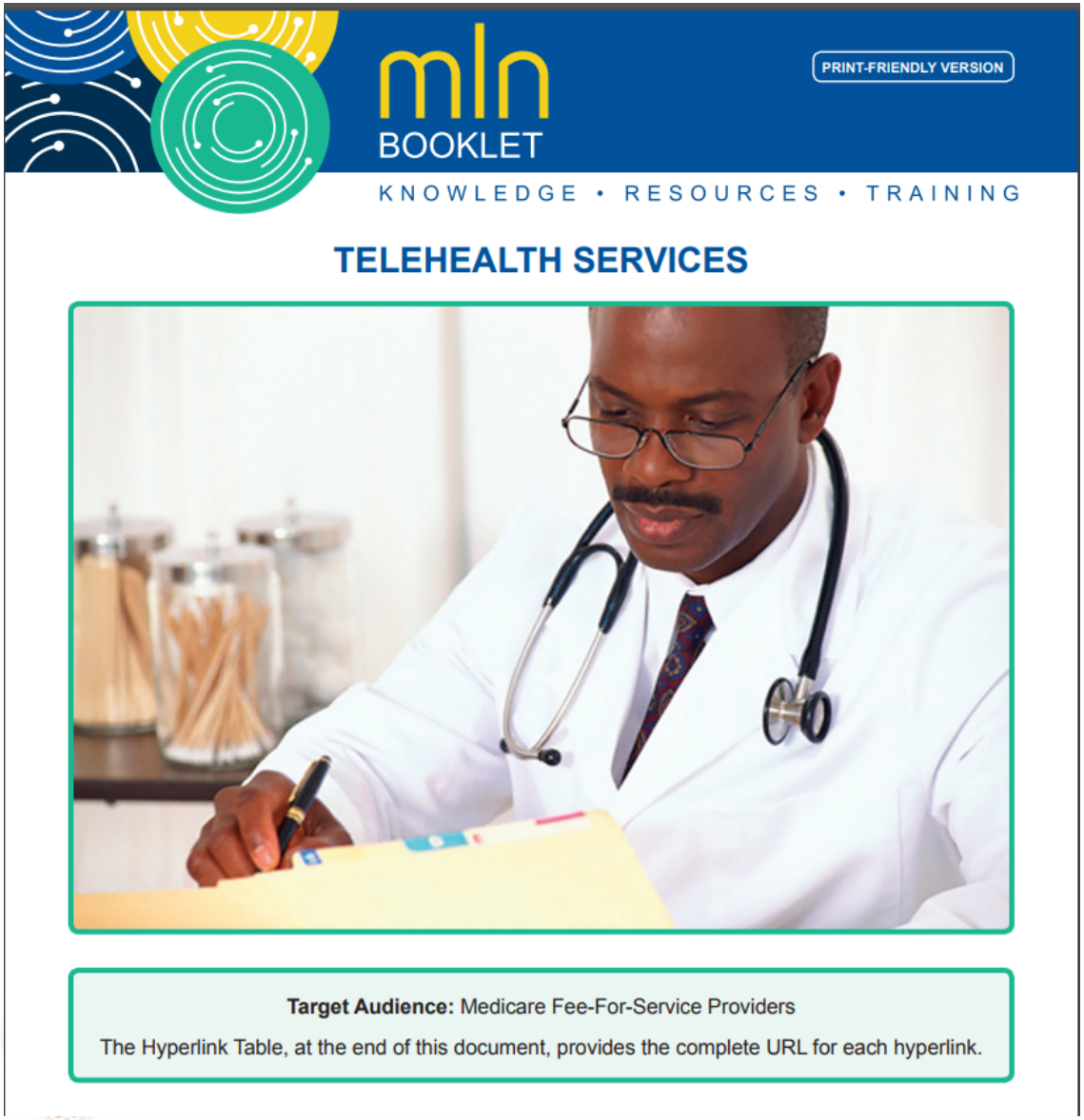
Updated Annually:

Otherwise eligible sites in health professional shortage areas (HPSAs) located in rural census tracts of MSA counties will be eligible originating sites. (RUCA codes 4-10, also 2-3 in counties over 400 sq. mi., <35/sq. mi. density)

Eligibility Lookup Tool

http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx

Medicare Reimbursement


mln
BOOKLET
PRINT-FRIENDLY VERSION
KNOWLEDGE • RESOURCES • TRAINING

TELEHEALTH SERVICES

Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Published Annually; 11 pages

Eligible originating and distant sites

Eligible providers

Telehealth services by HCPCS/CPT Code

Most basic services usually allowed

Many screening and prevention services allowed

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

CY 2018 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90963
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90964

CMS New Telehealth Codes for 2018

Medicare Telehealth Services

HCPCS code G0296 (counseling visit to discuss need for lung cancer screening (LDCT) eligibility);

CPT code 90785 (Interactive Complexity Psychiatry Services and Procedures);

CPT codes 96160 and 96161 (Health Risk Assessment);

HCPCS code G0506 (Care Planning for Chronic Care Management); and

CPT codes 90839 and 90840 (Psychotherapy for Crisis).

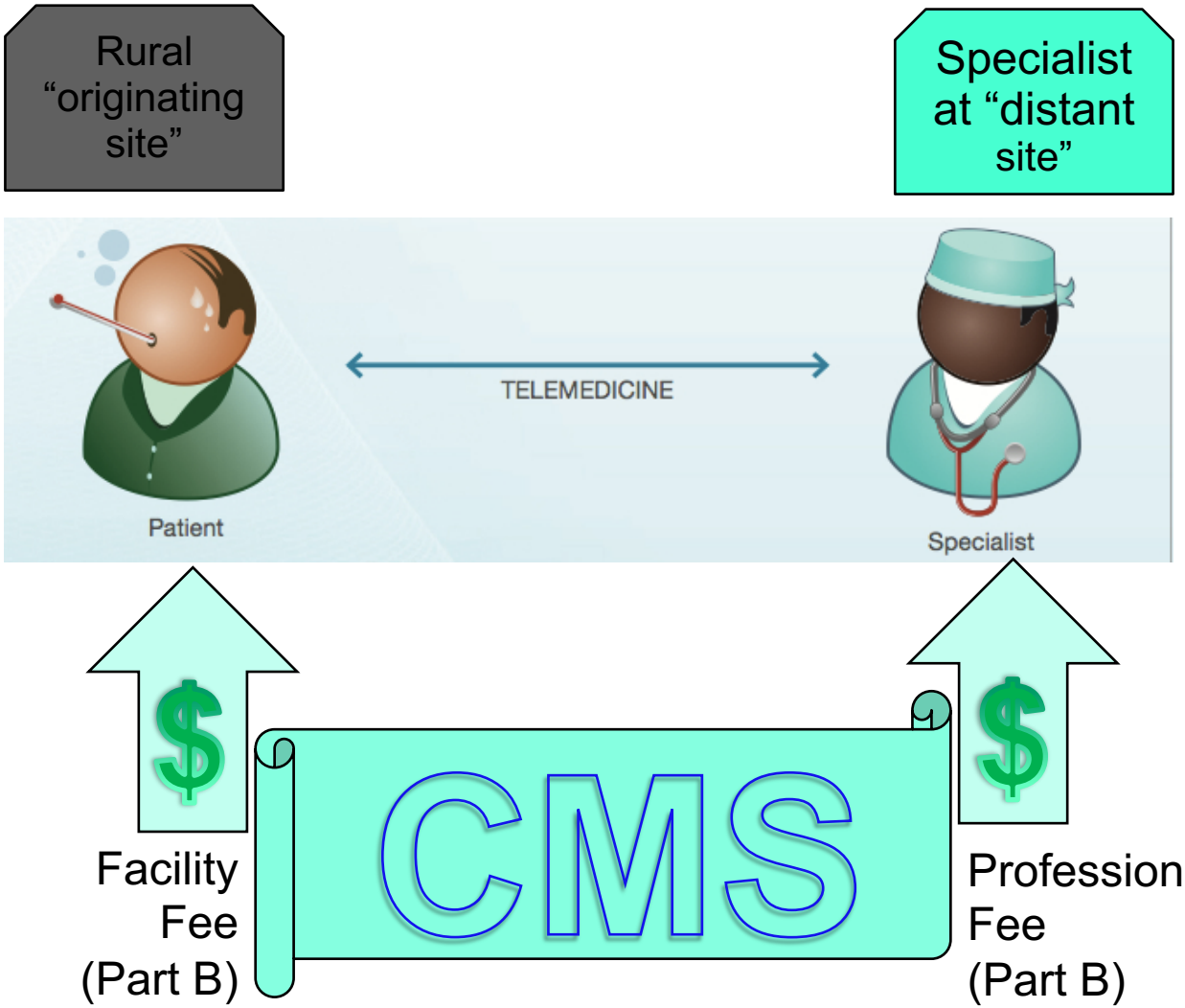
Additionally, in this proposed rule, we are proposing to eliminate the required reporting of the telehealth modifier for professional claims in an effort to reduce administrative burden for practitioners. We are also seeking comment on ways to further expand access to telehealth services within our current statutory authority.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

Basic Billing Model

- Professional fee (CPT-based) goes to Specialist (“remote site”)
- Facility fee goes to Clinic (“originating site”)
  - Originating site facility fee (Q3014) is a “separately billable Part B service”
    - NOT the same as “facility fee” in Part A
  - Billed as Q3014 (revenue code 780)
  - Around $25 per encounter

Telemedicine - The Standard Model



Medicare Issues Telehealth Change Request to MACs Regarding Use of GT Modifier

- Medicare issued MLN Matters Newsletter 4/27
  - Change request for providers submitting to (Medicare Administrative Contractors) MACs
  - Per 2018 Physician Fee Schedule, MACs should reject claims with GT modifier
    - Unless it is for a distant site service for Method II CAHs
      - Must be on bill type 85X with revenue code 96X, 97X, or 98X and a service line containing HCPCS code Q3014
    - All other claims should be billed with 02 place of service (POS) without GT modifier
    - Effective 10/1/2018

See: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10583.pdf?utm_source=Telehealth+Enthusiasts&utm_campaign=b1fc1f02de-EMAIL_CAMPAIGN_2018_05_08&utm_medium=email&utm_term=0_ae00b0e89a-b1fc1f02de-345772821

Submitting *Professional* Medicare Service Claims

- Use the appropriate CPT/HCPCS code
- In Alaska or Hawaii, use the modifier GQ
  - if the service was preformed 'via an asynchronous telecommunication system'
- To indicate that a service was furnished by telehealth from a distant site
  - submit with the Place of Service (POS) 02
  - For claims 1/1/17 or later
- Distant site providers billing under CAH Optional Payment Method
  - Submit with the GT modifier
  - For claims 1/1/18 or later

Submitting *Originating Site* Medicare Claims

- Bill the MAC on separate Part B claim
  - Use HCPCS Q3014
  - Around $25

Note: if the Originating Site is a CMHC, the facility fee does not count toward the number of services used to determine payment for partial hospitalization services

Federal Budget Continuing Resolution Chronic Care Act

- Expands use of telehealth under
  - Medicare Advantage plans
  - End Stage Renal Disease (ESRD)
  - Applicable Accountable Care Plans (ACO)
    - Adds home as originating site (no facility fee eligible)
  - Individuals with stroke
- Expands eligible sites for ESRD
  - ESRD from home with face-to-face every 3 months
- Eliminates rural geographic requirements for originating site
  - ACOs, stroke treatment, and ESRD

Federal Updates

- 5/8/2018 - CMS Announces Agency's First Rural Health Strategy
  - Apply a Rural Lens to CMS Programs and Policies
  - Improve Access to Care Through Provider Engagement and Support
  - Advance Telehealth and Telemedicine
  - Empower Patients in Rural Communities to Make Decisions about Their Health Care
  - Leverage Partnerships to Achieve the Goals of the CMS Rural Health Strategy

https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-05-08.html

State of the State Indiana

Toggle Layers

Telehealth Providers

Office of Rural Health Grant Eligibility Layer (enabled with Medicare Eligibility)

Transparency

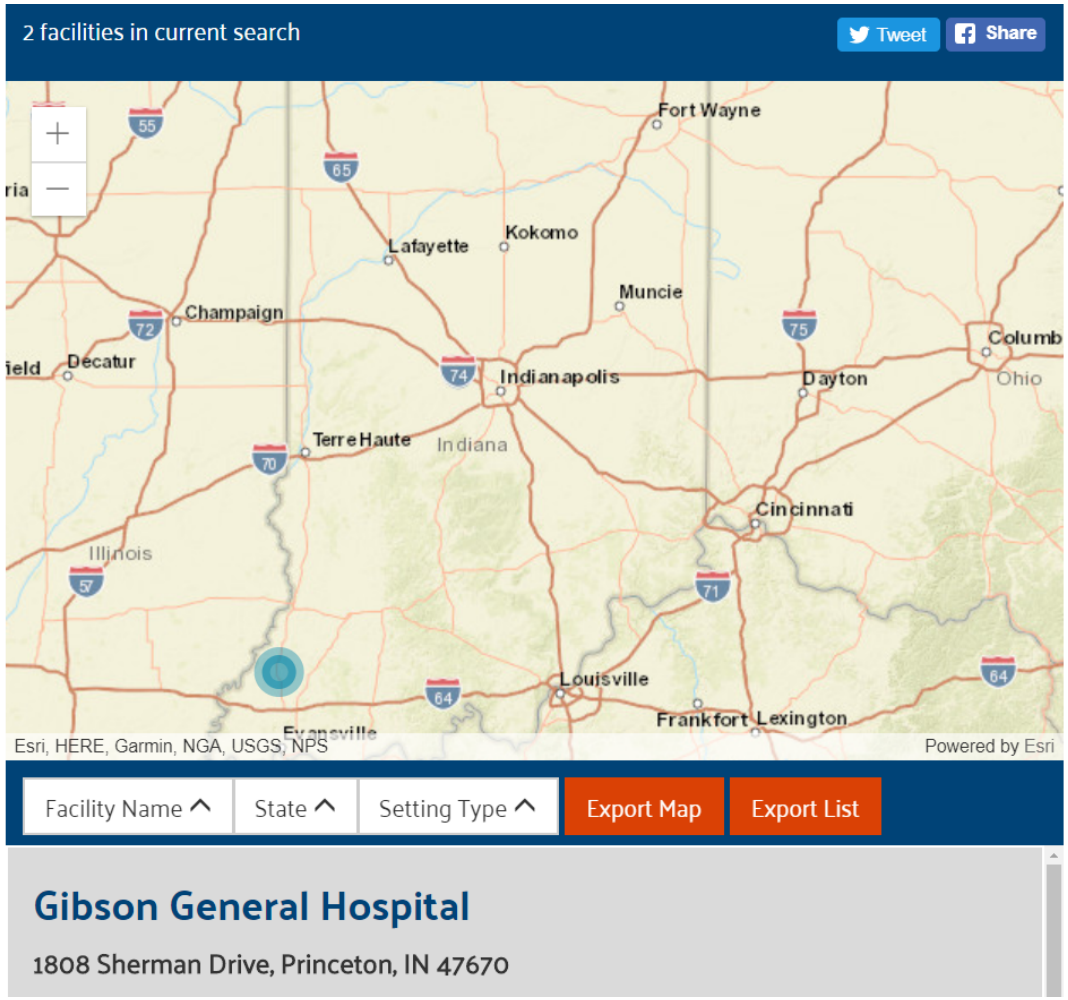
Filters by Attribute

Filter by Location

Hub/Spoke Network

Bookmarks

User Guide
Request support
Tutorial
Add to Telehealth Connect
Update facilities in Telehealth Connect
Tutorial: How to add facilities in Telehealth Connect



https://www.telehealthresourcecenter.org/telehealth-connect/

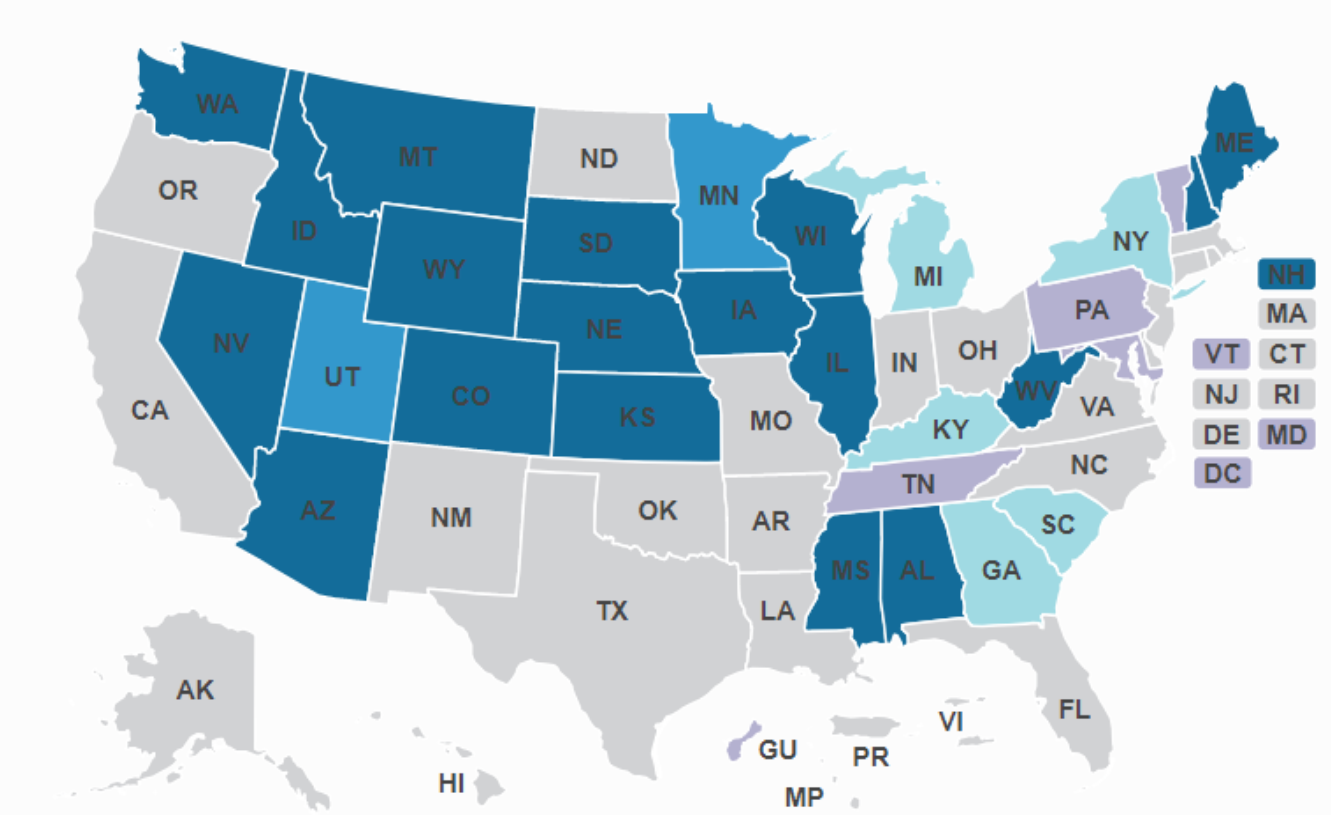
UMTRC.org

Indiana Health Coverage Program (IHCP) Changes

- July 1, 2018
  - IN Medicaid adds coverage of community health worker services
- CHWs required to be employed by an IHCP-enrolled billing provider and deliver services under the supervision of:
  - Physician
  - Health Services provider in psychology
  - Advanced practice nurse
  - Physician assistant
  - Podiatrist
  - Chiropractor

http://provider.indianamedicaid.com/ihcp/Bulletins/BT201826.pdf

Interstate Medical Licensure Compact



= Compact Legislation Introduced

= IMLC Member State serving as SPL processing applications and issuing licenses*

= IMLC Member State non-SPL issuing licenses*

= IMLC Passed; Implementation In Process or Delayed*

* Questions regarding the current status and extent of these states' and boards' participation in the IMLC should be directed to the respective state boards.

http://www.imlcc.org - as of 6/20/2018

UMTRC.org

Indiana Reimbursement Summary	
Medicaid	live and interactive only
Certificate	No
Distance Limitation	No
Physician Medical Licensure Compact	Bill introduced; not passed out of committee
Prescribing via Telehealth	Yes, subject to certain conditions for controlled substances
Patient Consent	Spoke site must obtain consent; maintain at hub and spoke sites
Private / Commercial Insurance Parity	Parity in coverage
Remote Patient Monitoring	Home health agencies with prior authorization and conditions
Rural Health Clinics can be:	Originating site and distant site
RHC can bill Q3014	Yes
RHC can bill provider fee	Yes
School Based Services	Cannot bill Q3014 originating fee
Telepharmacy	Yes
Medicare is the same in all states.	Yes

Dual Eligibility

- Bill Medicare for approved Telehealth CPT Codes
- If denied, automatically goes to Medicaid
- Medicaid uses a different CPT code for Telehealth services
- If Medicaid also denies the services based on the fact that Medicare was not billed first
- Resubmit the claim to Medicaid

Ultimate Goal: Increase Access to Care

UMTRC.org

Resources

CMS Medicare Telehealth Services:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

HRSA Data Warehouse for Rural Eligibility:

http://datawarehouse.hrsa.gov/ruraladvisor/ruralhealthadvisor.aspx?ruralByAddr=1

IN Telehealth Environment Reimbursement Summary:

http://www.umtrc.org/resources/payers-reimbursement/umtrc-indiana-reimbursement-summary/?query=category.eq.Payers%20Reimbursement&back=Resources

Contact Information

Becky Sanders
(812) 478-3919, ext. 232
bsanders@indianarha.org

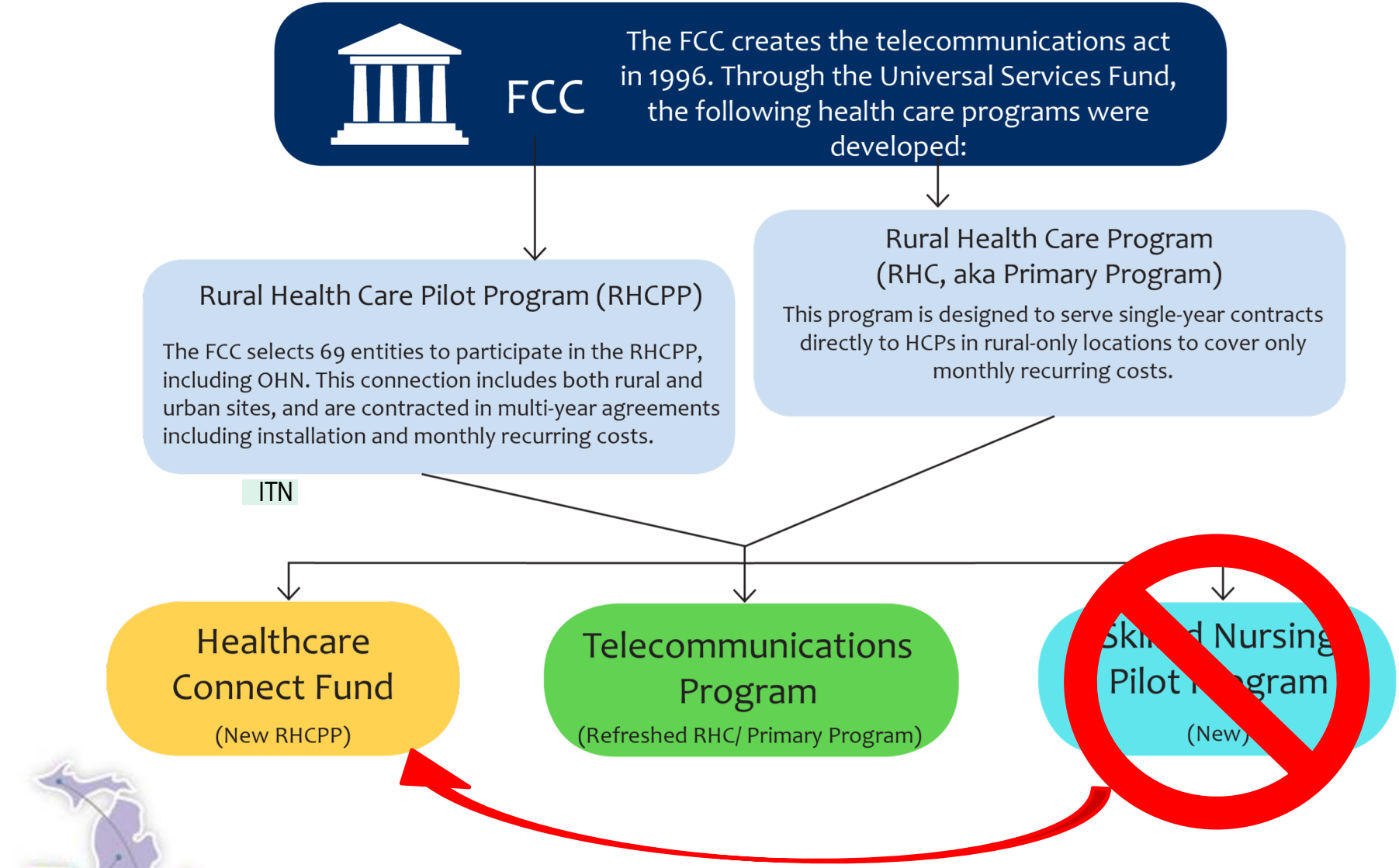
The Healthcare Connect Fund and Telecommunications Program

> “Broadband connectivity has become *an essential part* of 21st-century medicine.”
>
> - *The Federal Communications Commission (FCC)*

UMTRC.org

Indiana Telehealth Network

- Part of the Indiana Rural Health Association
- Formed in 2009 under the RHC Pilot Program
- $16 million
- Over 200 participants
- 69.97% rural designation


FCC
The FCC creates the telecommunications act in 1996. Through the Universal Services Fund, the following health care programs were developed:
Rural Health Care Pilot Program (RHCPP)
The FCC selects 69 entities to participate in the RHCPP, including OHN. This connection includes both rural and urban sites, and are contracted in multi-year agreements including installation and monthly recurring costs.
ITN
Rural Health Care Program
(RHC, aka Primary Program)
This program is designed to serve single-year contracts directly to HCPs in rural-only locations to cover only monthly recurring costs.
Healthcare Connect Fund
(New RHCPP)
Telecommunications Program
(Refreshed RHC/ Primary Program)
(New)

The Healthcare Connect Fund

$400 million per year (nationally): RHCPP Programs like ITN will be prioritized and awarded funding on a "first come, first served" basis.

Healthcare Connect Fund

- **Consortium Filers (2 or more filers):** *At least 51% are deemed "rural"*
- **Individual Filers:** *Rural only*
- **Urban** or **Rural Providers***: Both accepted**
- **Non-Recurring Costs(%):** *up to 65% ; <$50K**
- **Monthly Recurring Costs(%):** *up to 65%*

** Additional eligibility/definition detail*

UMTRC.org

HCF Program Details: Who is Eligible?

- Public or nonprofit health care providers (HCPs)
- Non-rural HCPs may participate in consortiums with 51% rural designation
- CAH, PPS, RHC, CHC, FQHC, SNF, **CMHC**, and connections to Data Centers and Admin Offices.

HCF Program Details: What is Supported?

For All Applicants:

- Broadband services
- Reasonable and customary installation charges
- Necessary equipment to make service functional
- Connections to off-site administration and data centers
- Connections to research and education networks

HCF Program Details: USAC

The Universal Service Administrative Company (USAC) will administer the Healthcare Connect Fund and other FCC rural healthcare programs.

USAC
Universal Service Administrative Company

The Process

Consortium Leader

- **460 – Determine eligibility by verifying rurality, services, etc.**
- **461 – Compiles consortium, Request for Proposal, Network Plan, Attachment A, Attachment B, Master Contract for approval by USAC.**
- **462 – Bidding process (Q&As, site visits, LOI), scoring, Best & Final bids, winning contracts, line-item funding request.**
- **463 – Invoicing, proof of payment, reimbursement.**

The Process

Healthcare Provider

- **Sign Letter of Engagement & Letter of Agency**
- **Sign winning Contract**
- **Pay your bill**

What will HCPs pay?

- **Remaining percentage of invoices after FCC subsidy of all MRCs & NRCs**
  - **Any additional costs incurred above the $50,000 cap***
- **You *can* seek alternate funding through**
  - **Economic development groups**
  - **Other grants**
  - ***CANNOT* be from other FCC funding**

What will HCPs pay?

- **$1000 one-time registration fee**
  - **50% discount for multiple sites**
  - **460, 461, 462**
- **$1000 annual invoicing fee**
  - **50% discount for multiple sites**
  - **For the life of the contract**
    - **3 years plus any accepted extensions**
- **$4000 per site for single sites over the course of three years**
- **$2000 per site for multiple sites over the course of three years**

Questions?

If you have any additional questions,
please reach out to Ally Orwig at
aorwig@indianarha.org | 812-478-3919 ext. 235