Telehealth Resources in Indiana: UMTRC & ITN

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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

- 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
- Blood Sugars
- ECGs
- EEGs
- Vital Signs

Doctor Secure Server

Patient PCP

Specialist

Firewall

encrypted Data
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

1. Patient Outside of a MSA
2. Patient in Designated Originating site
3. Services within CPT Code Range
4. Services Delivered by Eligible Practitioners?
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

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

## CY 2018 Medicare Telehealth Services

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
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<tbody>
<tr>
<td>Telehealth consultations, emergency department or initial inpatient</td>
<td>HCPCS codes G0425–G0427</td>
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<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</td>
<td>HCPCS codes G0406–G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>CPT codes 99201–99215</td>
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<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</td>
<td>CPT codes 99231–99233</td>
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<tr>
<td>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</td>
<td>CPT codes 99307–99310</td>
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<tr>
<td>Individual and group kidney disease education services</td>
<td>HCPCS codes G0420 and G0421</td>
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<tr>
<td>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</td>
<td>HCPCS codes G0108 and G0109</td>
</tr>
<tr>
<td>Individual and group health and behavior assessment and intervention</td>
<td>CPT codes 96150–96154</td>
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<tr>
<td>Individual psychotherapy</td>
<td>CPT codes 90832–90834 and 90836–90838</td>
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<tr>
<td>Telehealth Pharmacologic Management</td>
<td>HCPCS code G0459</td>
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<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>CPT codes 90791 and 90792</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment</td>
<td>CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961</td>
</tr>
<tr>
<td>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</td>
<td>CPT code 90963</td>
</tr>
<tr>
<td>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</td>
<td>CPT code 90964</td>
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</tbody>
</table>
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.

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

- Rural “originating site”
- Specialist at “distant site”
- Patient
- Specialist
- CMS
  - Facility Fee (Part B)
  - Professional Fee (Part B)

Telemedicine
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-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 performed ‘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

State of the State
Indiana

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

Interstate Medical Licensure Compact

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

= 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.
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<th>Indiana Reimbursement Summary</th>
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<tr>
<td>Medicaid</td>
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<td>Certificate</td>
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<td>Distance Limitation</td>
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<td>Physician Medical Licensure Compact</td>
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<td>Prescribing via Telehealth</td>
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<td>Patient Consent</td>
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<td>Private / Commercial Insurance Parity</td>
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<td>Remote Patient Monitoring</td>
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<tr>
<td>Rural Health Clinics can be:</td>
</tr>
<tr>
<td>RHC can bill Q3014</td>
</tr>
<tr>
<td>RHC can bill provider fee</td>
</tr>
<tr>
<td>School Based Services</td>
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<tr>
<td>Telepharmacy</td>
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<tr>
<td>Medicare is the same in all states.</td>
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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
Resources

CMS Medicare Telehealth Services:

HRSA Data Warehouse for Rural Eligibility:
http://datawarehouse.hrsa.gov/ruraladvisor/ruralhealthadvisor.aspx?ruralByAddr=1

IN Telehealth Environment Reimbursement Summary:
Contact Information

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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)
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
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.

- **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)**
- **Skilled Nursing Pilot 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.

- **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
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.
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