

Telemedicine: New Opportunities for Treatment

March 24, 2014

Becky Sanders

Program Director

Upper Midwest Telehealth Resource Center



Agenda

- Introduction to UMTRC
- Review
 - Telehealth Reimbursement in Indiana; Telecommuting
 - Changes to Medicare Reimbursement in 2014
- Current telehealth activity and barriers
- UMTRC resources & upcoming activities



TelehealthResourceCenters.org



Your resource for telehealth success




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

2 National Resource Centers

12 Regional Resource Centers


telehealthresourcecenters.org

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



Telehealth Resource Centers

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Expanding Our Reach »
Telehealth Resource Centers are located across the country.

TRC National Webinar Series







Every month the TRCs present a topic of current interest in telehealth. Join us on the third Thursday of every month.

Jul 18, 2013: presented by NETRC
Aug 15, 2013: presented by CCHP
Sept 19, 2013: presented by PBTRC

[Join us for our webinar series!](#)
[Click Here to View Past Webinars](#)

Welcome to the Telehealth Resource Centers Website!

Telehealth Resource Centers (TRCs) are funded by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the Office of Rural Health Policy. Nationally, there are a total of 14 TRCs which include 12 Regional Centers, all with different strengths and regional expertise, and 2 National Centers which focus on areas of technology assessment and telehealth policy.

 <p>California Telehealth Resource Center » Phone: 877.500.8144</p> <p>Serving California</p>	 <p>Great Plains Telehealth Resource & Assistance Center » Phone: 888.230.7002</p> <p>Serving North Dakota, South Dakota, Minnesota, Iowa, Wisconsin and Nebraska</p>
 <p>Heartland Telehealth Resource Center » Phone: 877.643.HTRC (4872)</p> <p>Serving Kansas, Missouri and Oklahoma</p>	 <p>Mid-Atlantic Telehealth Resource Center » Phone: 855.MATRC4U (628.7248) Direct: 434.900.4000</p> <p>Serving Virginia, West Virginia, Kentucky, Maryland, Delaware, North Carolina, Pennsylvania & Washington DC</p>
 <p>National Telehealth Policy Resource Center » Phone: 877.707.7172 Direct: 910.285.1800</p>	 <p>National Telehealth Technology Assessment Resource Center » Phone: 877.885.5072 Direct: 907.720.4703</p>



QUICK LINKS

- » Webinar Archives
- » Recent Toolkits
- » User Reviews
- » Media Galleries
- » Innovation Watch

TTAC Webinar Series

Choose a topic to watch at your convenience in our TTAC Webinar Archives!

LIVE TWITTER FEED

9to5mac has details on who in the house of Apple might be working on mobile health. Interesting to see their team. <http://t.co/Z337Wpblidn> — 3 weeks 1 day ago [more](#)

The **National Telehealth Technology Assessment Resource Center** aims to create better-informed consumers of telehealth technology. By offering a variety of services in the area of technology assessment, the TTAC (pronounced "tea-tac") aims to become the place for answers to questions about selecting appropriate technologies for your telehealth program. [More Information >](#)

Recent Toolkits



mHealth App Selection

Keeping up with mHealth developments and industry innovations is a never-ending process. TTAC's last toolkit provided an overview of the mHealth market, with general discussion of devices, definitions, and how mHealth may benefit your organization. While that toolkit focused on mobile devices, this toolkit will look beyond the devices and explore how to choose an mHealth application (or simply "app") for use in your organization or home.

Guidance Documents

Need guidance? We've got it! The national group of Telehealth Resource Centers has worked together to create a range of documents to offer clarification on key telehealth topics.



**TELEHEALTH
POLICY**

Medicare

Medicaid

**State Laws and
Reimbursement Policies**

Pending Laws & Regulations

Advanced Search

IHEALTHBEAT

3.20.14

Telehealth Provisions in SGR
Bill Are Not Dead, ATA Official
Says >

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Senators Seek Information on
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IBM, N.Y. Genome Center
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CDC Data Show Wide
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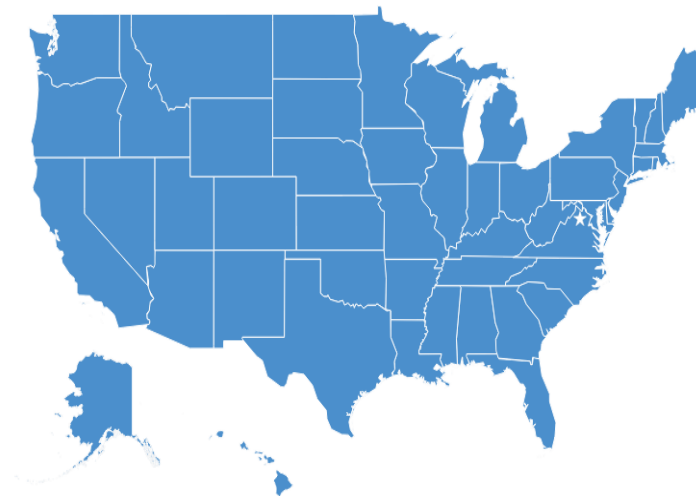
3.20.14

HHS' FY2014-2018 Strategic
Plan Prioritizes Meaningful Use
of EHR >

Home / Telehealth Policy

State Laws and Reimbursement Policies

Select a state to view telehealth-related laws, regulations, and Medicaid programs. You can also view a list of [pending laws](#), or do an [advanced search](#).





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CONNECT. ADVISE. EDUCATE. CONSULT.

The UMTRC provides a single point of contact for telehealth resources across Indiana and the Upper Midwest region through educational and outreach presentations, individualized technical assistance, facilitation, connection to local or distant providers and archived resources via our website, and project staff.



The Upper Midwest Telehealth Resource Center (UMTRC) is a consortium of active telehealth organizations, headed by the Indiana Rural Health Association (IRHA) that provides a comprehensive set of telehealth clinical and technical assistance services leveraged into products of lasting value to rural providers. The UMTRC focuses on telehealth programs and technical assistance needs within Indiana, Illinois, Michigan, and Ohio. Visit the **UMTRC-ED** Site.

NEWS AND ANNOUNCEMENTS:

Telemedicine Project Named a "Promising Practice"

march 18, 2014

A recent telemedicine project conducted by the Indiana Rural Health Association and Directed by Jonathan Neufeld, PhD, was named a

[> MORE](#)

CRITICAL CONNECTIONS TO CARE

march 13, 2014

Expanding the Use of Telemedicine in Florida will Improve Health Outcomes and Generate Savings. To read the full article please go to

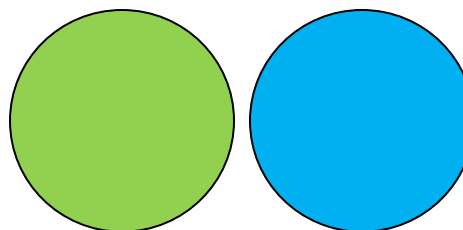
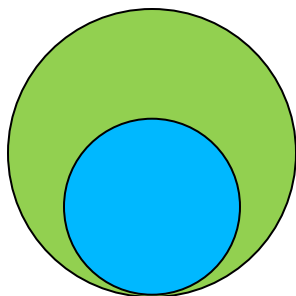
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Definitions and Concepts

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)



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



Three Basic “Types” or Domains

Hospitals & Specialties

- Specialists see and manage patients remotely

Integrated Care

- Mental health and other specialists work in primary care settings (e.g., PCMHs, ACOs)

Transitions & Monitoring

- Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care



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.”



Federal Updates

- Effective 1/1/2014 Medicare expanded telehealth eligibility to include authorized originating sites located in rural Health Professional Shortage Areas (HPSAs)
- Refer to the Office of Rural Health Policy's (ORHP's) rural definition.
- All non-MSA counties continue to be eligible. In addition, sites in designated HPSAs located in rural census tracts within urban (MSA) counties are also eligible originating sites.



Federal Updates

- Eligibility will be determined annually based on an authorized originating site's status on December 31 of the previous year.
- New web tool for authorized Medicare telehealth originating sites to check their geographic eligibility, as well as to update rural areas using 2010 Census data.
- <http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx>





Medicare Telehealth Payment Eligibility Analyzer

[Definition of Rural Area](#)

[Medicare Telehealth
Information](#)

[Shortage Designation
Home](#)

Find out if an authorized originating site* is eligible for Medicare telehealth payment.

Authorized originating sites which meet the following criteria shall be designated as eligible for Medicare telehealth payment:

- Analysis indicates that the address does not fall into a metropolitan statistical area.

OR

- If address falls into a metropolitan statistical area, then the address must be in a rural area and be in a geographic health professional shortage area.

Check if an address is eligible for Medicare telehealth originating site payment:

Please provide either street address + city + state, or street address + ZIP code.

Street Address (no P.O. Box, etc.):

City:

State:

ZIP Code:

*Authorized originating sites include:

- Offices of a Physician or Practitioner
- Hospitals
- Critical Access Hospitals
- Community Mental Health Centers
- Skilled Nursing Facilities
- Rural Health Clinics



Indiana Telemedicine Law & Policy

Prescribing

Except in institutional settings, on-call situations, cross-coverage situations, and [when supervising NPs],

a physician shall not prescribe, dispense, or otherwise provide, or cause to be provided, any legend drug that is not a controlled substance to a person who the physician has never personally physically examined and diagnosed

unless the physician is providing care in consultation with another physician who has an ongoing professional relationship with the patient, and who has agreed to supervise the patient's use of the drug or drugs to be provided.



Indiana Telemedicine Law & Policy

HB 1258

(<http://iga.in.gov/legislative/2014/bills/house/1258/>)

- Requires the Medical Licensing Board to establish a pilot program and report back to the Legislative Council before 9/1/2014
- Would allow physicians to establish a physician-patient relationship and issue prescriptions to patients without an in-person encounter



Indiana Telemedicine Law & Policy

EA 554 (effective July 1, 2013)

- RHC and FQHC reimbursement (new)
- CAH and CMHC reimbursement (no change)
 - Effective immediately; bulletin to be released soon
- Removal of 20-mile rule
 - Subject to approval of SPA (~Q2 2014?)
 - Significant concern re: adverse utilization



Indiana Telemedicine Law & Policy

EA 554 (effective July 1, 2013)

- Medicaid will reimburse home health agencies for “telehealth services”
 - “Use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across a distance.”

No regulations yet regarding how this will happen and what exactly will be paid for.



Review of Indiana Medicaid's Policy on Telemedicine and Introduction to Telecommuting

Penny Dunning, MBA, CMBA
Indiana Primary Health Care Association

Indiana Medicaid Provider Manual

- ▶ Provider Manual, Chapter 8, Page 8-141
(<http://provider.indianamedicaid.com/ihcp/manuals/chapter08.pdf>)
- ▶ In any telemedicine encounter, there will be the following: (1) a hub site, (2) a spoke site, (3) an attendant to connect the patient to the specialist at the hub site, and (4) a computer or television monitor to allow the patient to have real-time, interactive; and face-to-face communication with the hub specialist/consultant via interactive television (IATV) technology. Services may be rendered in an inpatient, outpatient, or office setting.

Limitations of Services

- ▶ Services are limited by 405 IAC 5-38-4(5)
 - Excludes some provider types and services such as ambulatory surgical centers; outpatient surgical services, home health agencies/services, radiological services and laboratory services.
 - For a complete list of excluded services see the Provider Manual.

Conditions for Payment

- ▶ HUB and SPOKE are greater than 20 miles apart
 - This will be ended in the future due to legislation. A State Plan Amendment has been submitted for approval.
- ▶ The member must be present and able to participate in the visit
- ▶ The technology must meet the needs of the HUB site physician

HUB Billing Requirements

▶ Site Services

- Consultations: 99241 – 99245 and 99251 – 99255
 - Office/Outpatient Visits: 99201 – 99205 and 99211 – 99215
 - Psychotherapy: 90832 – 90840
 - Psychiatric: 90791 and 90792
 - ESRD: 90951 – 90970
- ## ▶ Use Modifier GT to denote telemedicine services

SPOKE Conditions of Payment

- ▶ SPOKE may bill for SPOKE services, but not an FQHC or RHC
- ▶ In addition, if it is medically necessary for a medical professional to be with the member at the SPOKE, the SPOKE may bill an evaluation and management code in addition to the fee for SPOKE services
 - Adequate document must be maintained and is subject to postpayment review

SPOKE Billing Considerations

- ▶ Bill using HCPCS Q3014 with the GT modifier
- ▶ Revenue code 780 represents telemedicine services
- ▶ If multiple services were provided on the same date as the SPOKE service, bill Q3014 as a separate line item from other professional services

Documentation Standards

- ▶ Must be maintained at the HUB and SPOKE sites to substantiate services provided
- ▶ Must indicate services were rendered via telemedicine.
- ▶ All other IHCP documentation guidelines apply
- ▶ Written protocols for circumstances when the member must have a hands-on visit with the consulting provider
- ▶ Member should always be given the choice between a traditional visit versus a telemedicine visit. Appropriate consent from the member must be obtained by the SPOKE and maintained at both HUB and SPOKE

Other Considerations

- ▶ A member should be seen by a physician for a traditional clinical evaluation at least once a year
 - Or as stipulated in policy (planned alternative arrangement)
- ▶ HUB physician should coordinate with the patient's primary care physician
- ▶ Existing limitations for office visits, third-party liability, spend-down, managed care, and all other considerations apply
- ▶ For ESRD services, IHCP requires at least one monthly traditional visit for ESRD-related services to examine the vascular access site

FQHCs and RHCs

- ▶ Federally Qualified Health Centers (FQHCs) or rural health clinics (RHCs) are reimbursed only for hands-on services **and are therefore not permitted to bill for telemedicine services**
 - Cannot bill for SPOKE services
 - If a face-to-face encounter also occurred during the visit then an encounter can be billed
 - For managed care, please refer questions to the appropriate MCE. FQHCs and RHCs may submit claims to an MCE as fee-for-service and receive reconciliation review for billable or non-billable services

Telecommuting Option for FQHCs and RHCs

- ▶ Is not new and has always been available
- ▶ Is **NOT** Telemedicine
- ▶ Does not require HUB nor SPOKE as it is a agreement between an employer and employee/contractor
- ▶ There is only one billing entity in telecommuting
 - The provider does not bill as they are an employee/contractor of the FQHC/RHC
 - The FQHC/RHC bills as they would for any other valid encounter
- ▶ **No Bulletin or Banner will be issued, nor will the Provider Manual be updated as there is no change from current policy**

OMPP's View

- ▶ We [OMPP] have reviewed the matter within the context of Medicare and Medicaid regulations and determined that the service described in your e-mail constitutes a permissible encounter, assuming all of the following are true:
 - The physician is contracted by the FQHC and compensated for the services by the FQHC under a contractual arrangement ("under agreement"). 42 CFR 491.9
 - The services must be "physician" services. 42 CFR 405.2412
 - The services rendered are covered by the Medicaid program and the HCPCS code representing the service is present on the list of recognized encounter codes
 - The FQHC bills the Medicaid program for the service and the physician does not bill for the service

Another Consideration – FTCA

- ▶ As with all providers your health center must consider the provision of FTCA coverage.
- ▶ PAL 2005–01 states, “For contract providers, the contract must be between the Health Center and the individual provider. All payments for service must be from the Health Center to the individual contract provider. A contract between a deemed Health Center and a provider’s corporation does not confer FTCA coverage on the provider.”
- ▶ FTCA has additional limitations in regard to part-time contractors in the fields of family practice, general internal medicine, general pediatrics, or obstetrics and gynecology.

RURAL HEALTH CARE

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TELECOMMUNICATIONS PROGRAM

The Telecommunications Program (formerly known as the Primary Program) provides discounts for telecommunications and Internet access services for eligible health care providers (HCPs).

Applicants currently participating in the Rural Health Care (RHC) Program can continue to receive support for telecommunications services through the Telecommunications Program, with no changes.

Beginning in January 2014, applicants currently receiving support for Internet access can apply for support for those same services through the new Healthcare Connect Fund (HCF) Program. For those receiving Internet access support, funding will continue through the end of Funding Year 2013, which ends on June 30, 2014. Once funding for Internet access ends, this component of the RHC Program will only provide telecommunications services support and will simply be known as the Telecommunications Program.

HCF PROGRAM

The Healthcare Connect Fund (HCF) Program is the newest component of the Rural Health Care Program. The HCF Program will provide a 65 percent discount on eligible expenses related to broadband connectivity to both individual rural health care providers (HCPs) and consortia, which can include non-rural HCPs (if the consortium has a majority of rural sites).

For new applicants, the filing window will open late summer 2013, with funding beginning on January 1, 2014. Starting in Funding Year 2014 (July 1, 2014 to June 30, 2015), all applicants will be on the same funding year schedule.

PILOT PROGRAM

The Pilot Program provides funding for up to 85 percent of eligible costs of the construction or implementation of statewide and/or regional broadband networks. There are 50 active projects involving hundreds of health care providers (HCPs).

While no new funding is available, some projects continue to accept new HCP sites. As funding for Pilot Program projects ends, Pilot Program projects should be applying for additional support if needed under the Healthcare Connect Fund (HCF) Program. For the first funding year of the HCF Program, Funding Year 2013, only current Pilot Program participants are permitted to begin the application process.

The New FCC Programs: The HCF Program

\$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(%):** *65% ; <\$50K**
- **Monthly Recurring Costs(%):** *65%*

** Additional eligibility/definition detail, see HCF Program
FAQ#26 on USAC.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
- Large HCPs (400+ patient beds) are eligible with support caps



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

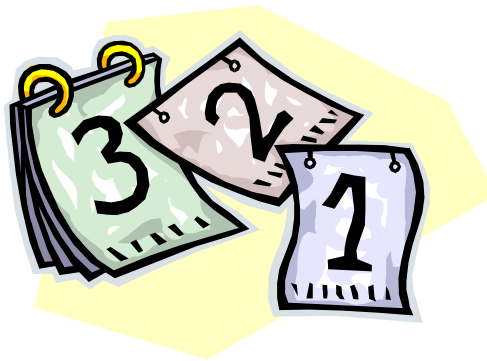
HCF Program Details: USAC

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



HCF Program Details: Timeframe

- **Open funding for the HCF began in 2014**
- **ITN is currently submitting the first forms and preparing to accept bids**



FAQs

What will HCPs pay?

- 35% of all MRCs
- 35% of all NRCs plus 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

To Participate in the RFP

- \$1,000 for a single facility
- \$500 per facility for multiple facilities

Annual Invoicing Fee (for ITN participation)

- \$2,000 per hospital (50% discount for 10+ sites)
- \$1,000 per clinic, data center, etc. (50% discount for 10+ sites)

FAQs

Will contracts be renegotiated in terms of adding more sites or upgrading?

- All Primary & Pilot Program HCPs will be rebid under the HCF approximately six months prior to the contract's end
- New sites may be added and upgrades may be implemented immediately

FAQs

What does this mean for a HCP's connection in 2014?

- Unless you choose to upgrade, there should be no change in your service

What about when our contract sunsets?

- Cost may change based on market prices and bidding (99% likely that it will be cheaper)
- Reimbursement will be changed to 65%

Next Steps

1. Take inventory of network and your use of the network for future needs.
2. Contact Ally Orwig at aorwig@indianarha.org or 812-478-3919, ext. 235 if you have any questions or if you are interested in participating in the RFP.

Contact Information

Becky Sanders

(812) 478-3919, ext. 232

bsanders@indianarha.org

