

The University of Texas System Virtual Health Network

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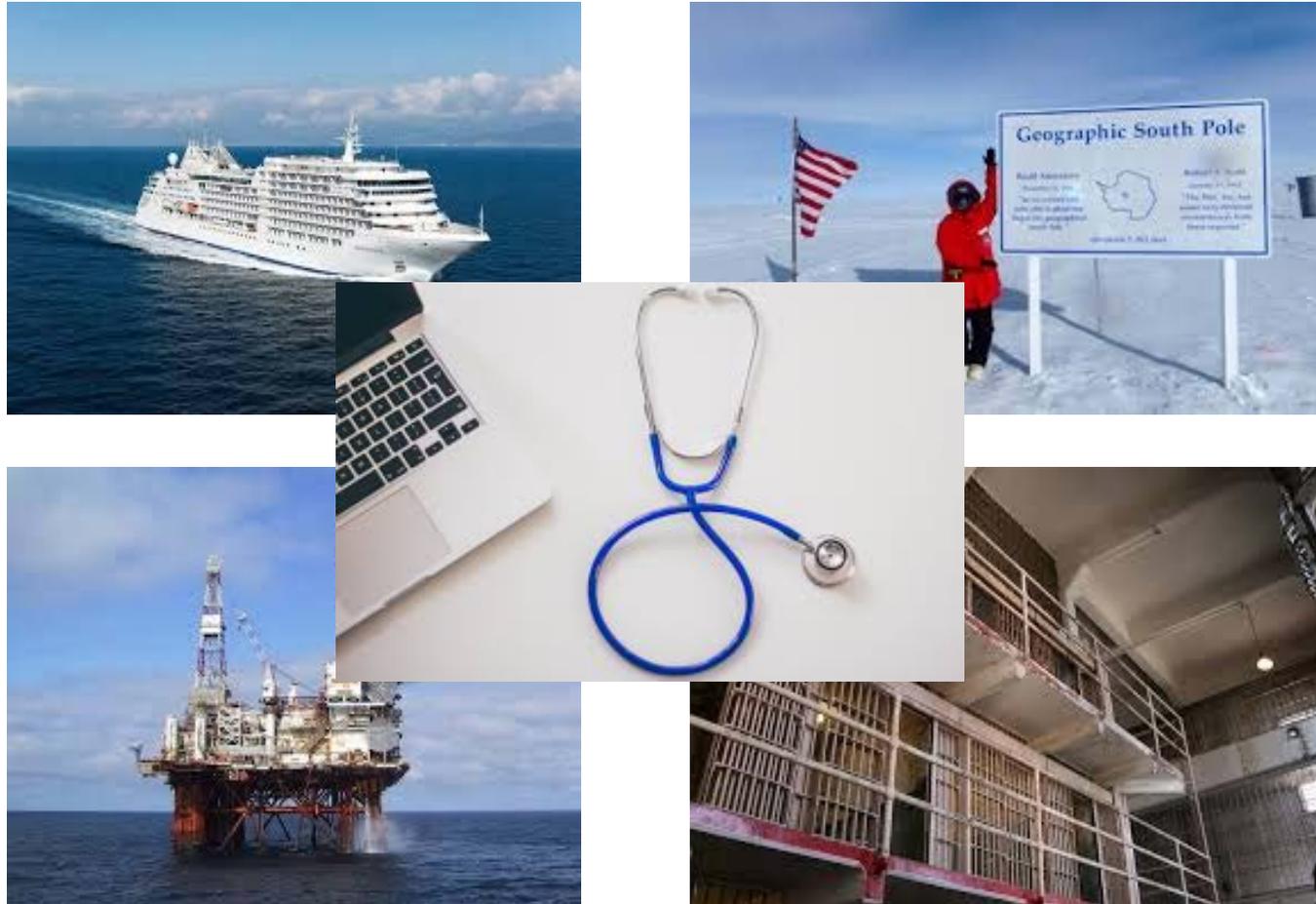
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History & Experience



U.T. has a lengthy & robust history with telemedicine and telehealth:

- TDCJ contract
- *Frew* settlement projects
- DSRIP projects
- South Pole services
- Offshore services (oil rigs, cruise ships)



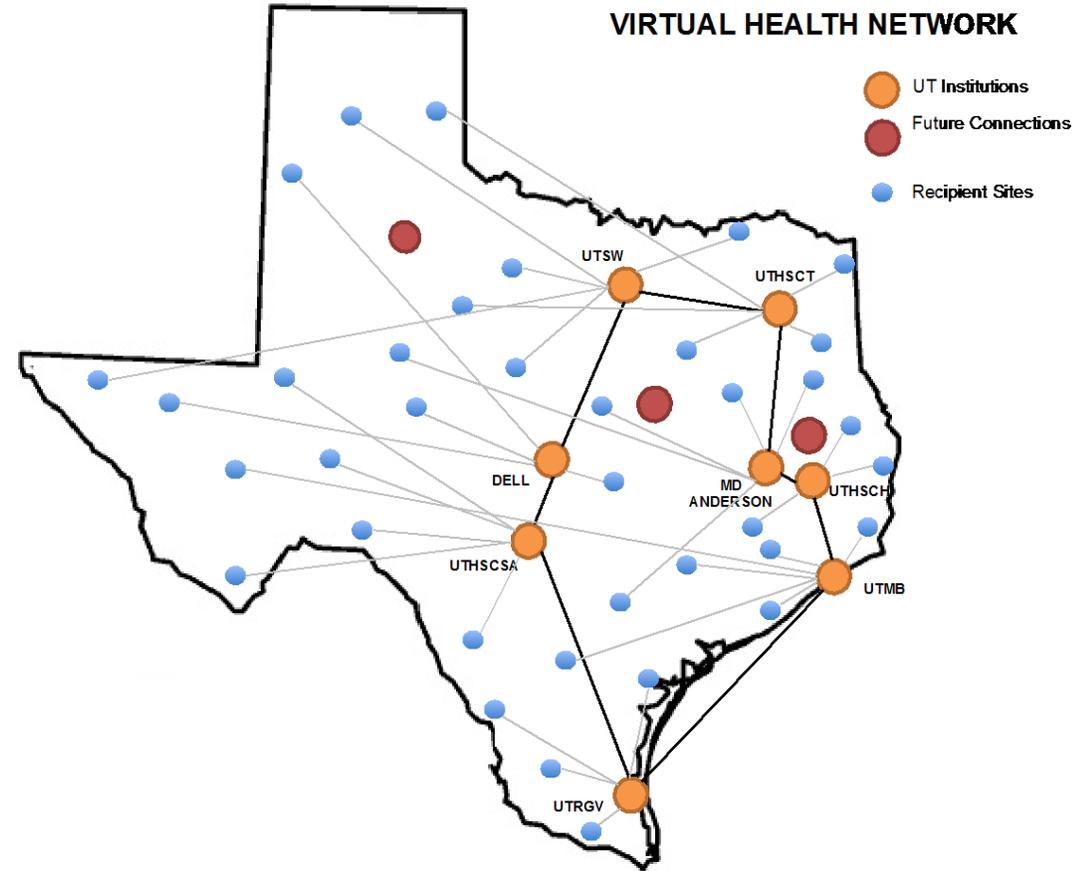
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Taking The Lead In Telehealth: The Virtual Health Network

U.T. is leveraging technology to create a model for care delivery that:

- Expands current programs
- Initiates innovations
- Facilitates virtual centers of excellence
- Provides access to every citizen
- Serves as a conduit for coordinated care
- Bridges access to specialty services for rural providers and their patients
- Invites collaborations across institutions



Concurrent & Parallel Undertakings



- Design, develop, and deploy a common source of televideo communication connecting patients and telemedicine care providers within any of the UT medical campuses
- Respect & use existing technology systems already in place within each facility



- Design, develop, and deploy a single system to schedule telemedicine appointments, as well as access/ update relevant medical documents to improve care coordination
- Decrease duplication of effort by synchronizing, where possible, with existing schedule + documentation systems



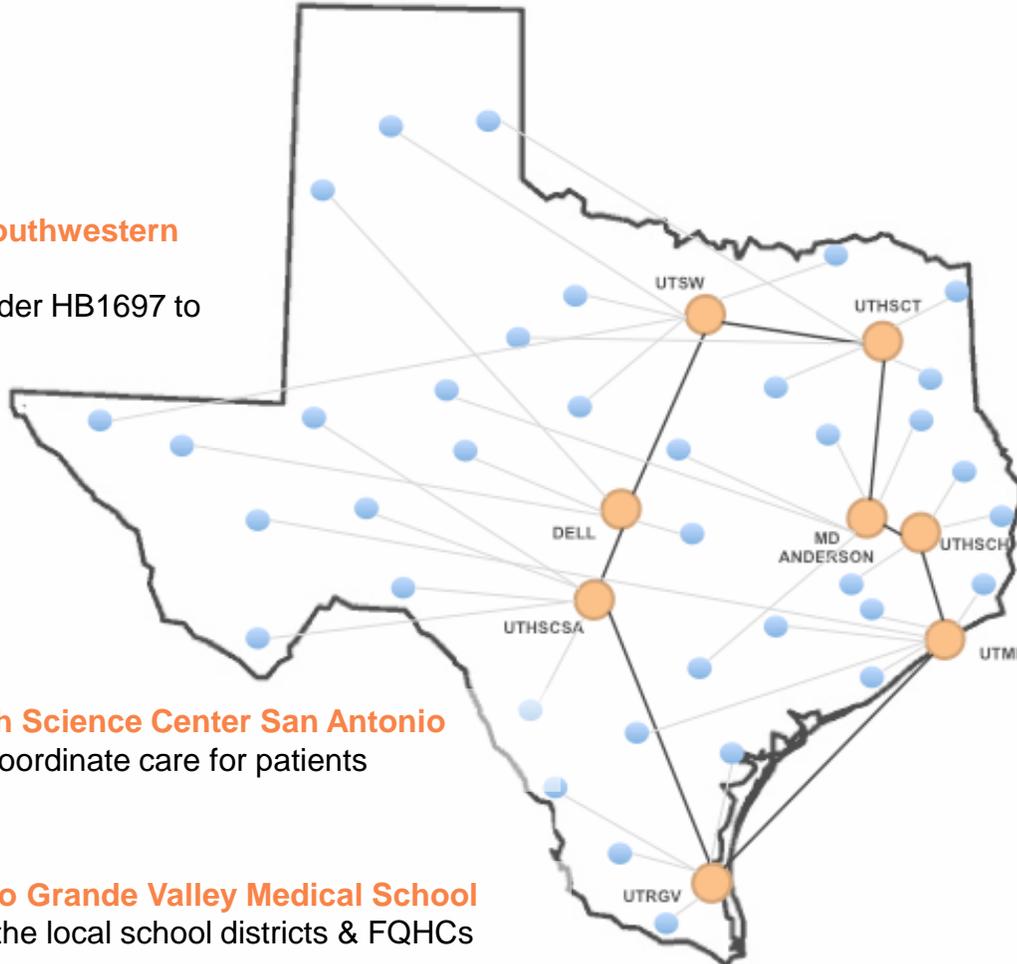
- Improve patient access to providers, especially in remote areas with fewer specialists
- Facilitate and initiate institutional and collaborative initiatives



Telemedicine Projects

University of Texas Southwestern Medical School

Pilot: Partner HHSC under HB1697 to provide pediatric care



University Texas Health Northeast

Pilot: Dietary Counseling & Genetic Counseling

MD Anderson

Pilot: Follow-up care to patients receiving on-going treatment at affiliated infusion centers

University Texas Health Science Center Houston

Pilot: Psychiatric care via telemedicine at state care facilities under the purview of the Department of State Health Services

University of Texas Medical Branch

Pilot: Primary care via telemedicine at Mexia state care facility

University Texas Health Science Center San Antonio

Pilot: Join with MDA to coordinate care for patients

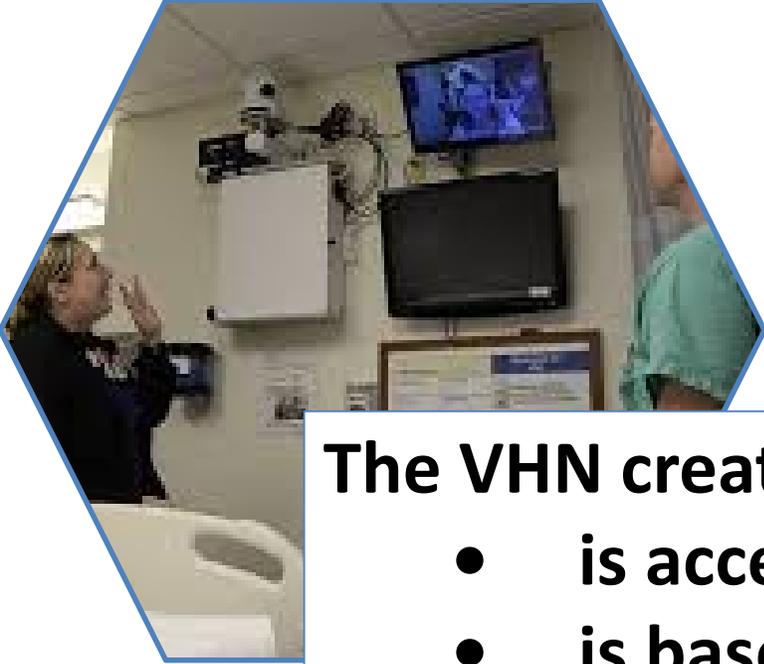
University of Texas Rio Grande Valley Medical School

Pilot: Joint project with the local school districts & FQHCs



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The VHN creates access to medical care that

- **is accessible to currently underserved populations**
- **is based in a high quality, academic setting**
- **integrates with the care team already in place**
- **creates a continuous physician patient relationship**
- **covers a broad range of specialties at eight different campuses**



Credentialing Project

- Workgroup meeting including all campuses was held, and all agreed individual meetings with each campuses the necessary next step
- Meetings with 7 of the 8 campuses have been completed, and with last meeting held on 8/29/18
- So far, the general findings are that:
 - There is no consistent faculty appointment category for telemedicine providers
 - Most campuses follow Joint Commission standards, even if they don't have a hospital
 - Most campuses have concurrent faculty appointment & credentialing/privileging processes
- Next steps are the creation of summary document with an initial proposal and an all inclusive workgroup meeting for feedback and discussion





The Texas Health Improvement Network (THIN) is a multi-disciplinary and multi-institutional initiative working to catalyze population health improvement and health equity in Texas.

Telemedicine Subcommittee Research Project

- Telemedicine Reimbursement Study- gathering information regarding telemedicine billing and reimbursement to determine what challenges still exist in this area. Participating partners are:
 - UT Health Science Centers & Medical Schools
 - Texas Tech Health Science Center
 - Seton Hospital
 - Children’s Health System of Texas
 - Texas A & M Health Science Center
- Telemedicine Panel Presentations
 - Telemedicine Start Up
 - Legal Issues
 - Regulatory & Federal Issues
 - Infrastructure and Preparedness
- Report



Payment



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MEDICARE



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Limiting factors that must be considered

- Originating Sites- where the patient is located when receiving services
- Geography- the location of the originating site
- Practitioners- who is providing the care
- Services- what is the care being delivered



Originating Site Requirement- This is the list given by CMS where the patient must receive the care to be eligible for telemedicine/telehealth services:

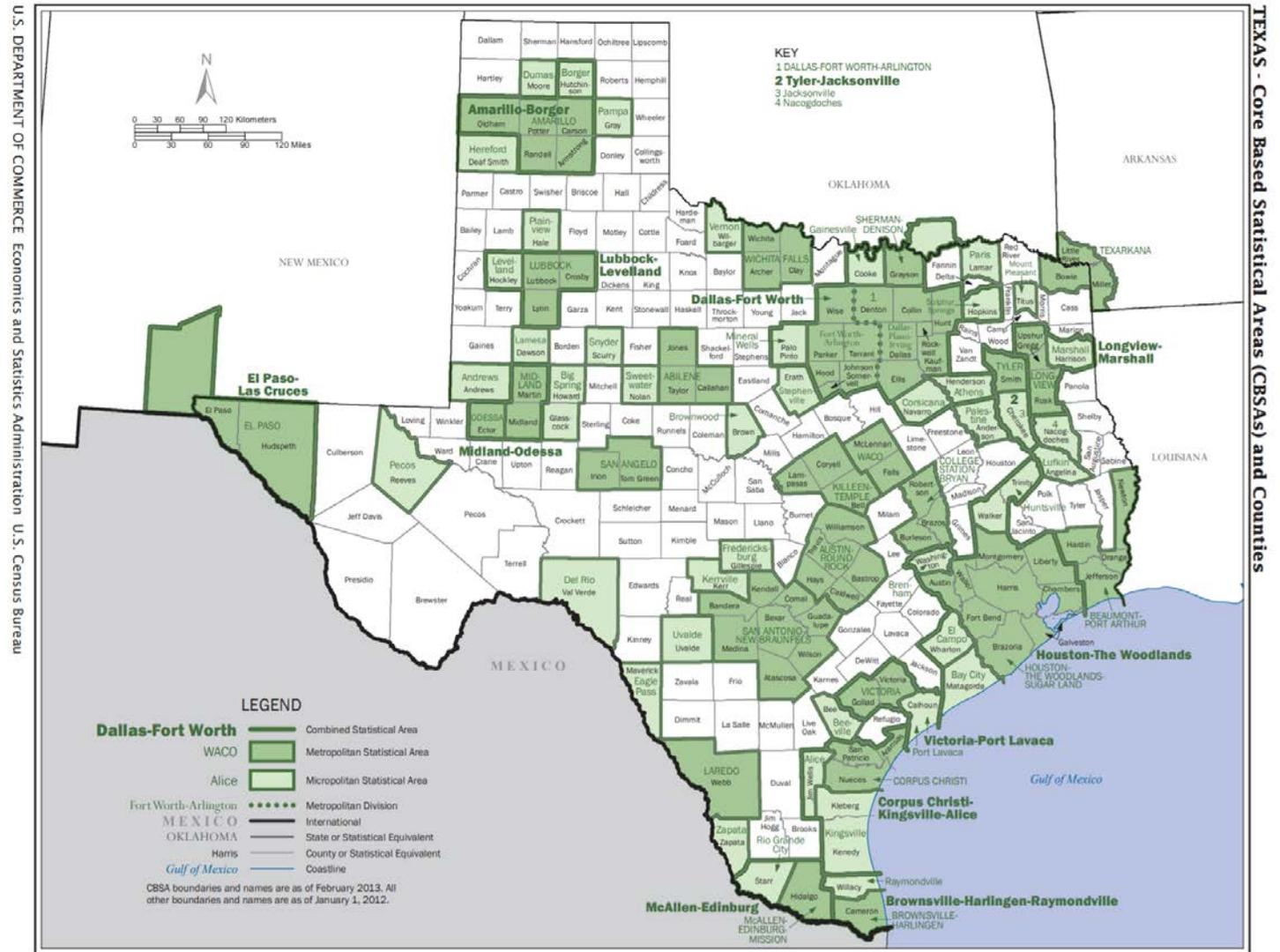
- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers, including satellites (*Independent Renal Dialysis Facilities are not eligible originating sites*)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)



Geography Option #1

The patient must be receiving telemedicine/telehealth services in one of the two permitted geographic locations. The first of these is any county outside of a Metropolitan Statistical Area (MSA).

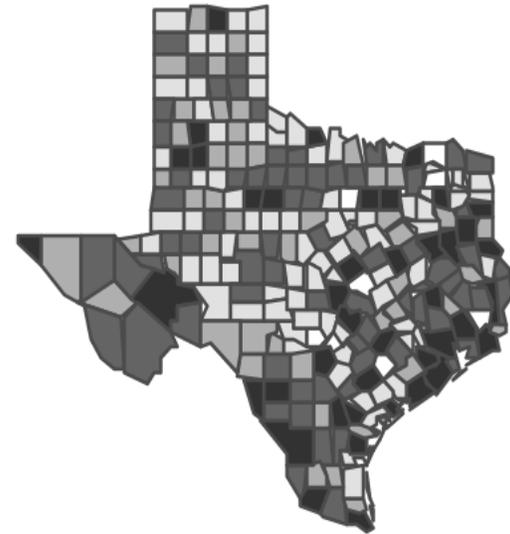
The US Census Bureau defines an MSA as consisting “of one or more counties that contain a city of 50,000 or more inhabitants, or contain a Census Bureau-defined urbanized area (UA) and have a total population of at least 100,000 (75,000 in New England).”



Geography Option #2

The patient must be receiving telemedicine/telehealth services in one of the two permitted geographic locations. The second of these is a rural Health Professional Shortage Area (HPSA) located in a rural census tract.

The HRSA defines a HPSA as “designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons).”



Click on any geographic area for detailed information.
Note: Non-shaded areas indicate no HPSAs.

Lowest  Highest

Dental Health: 322 Mental Health: 425 Primary Care: 463



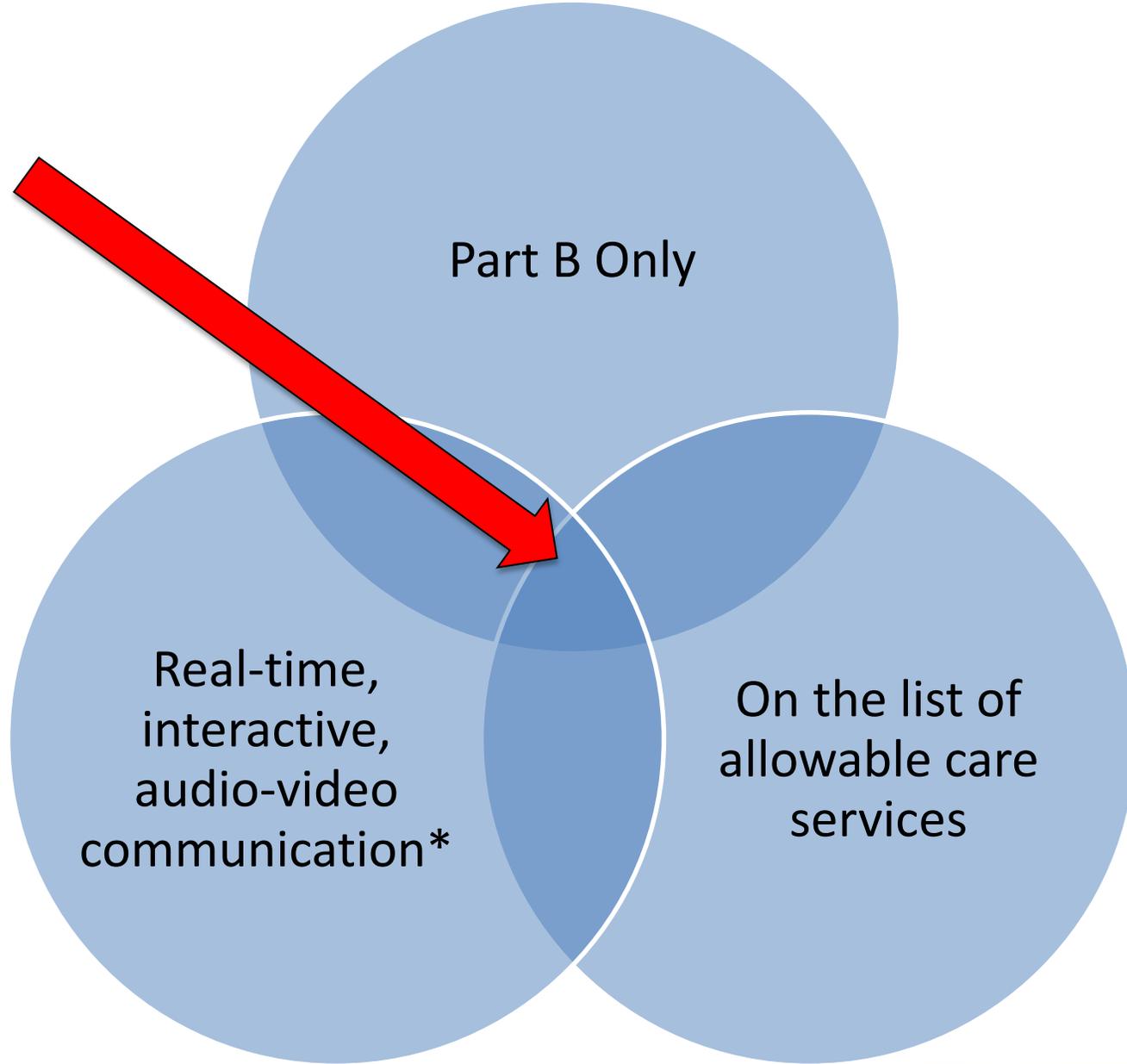
Practitioners- CMS has limited the types of providers who may provide and bill for telemedicine/telehealth services to only the providers listed below.

- Physicians
- Nurse practitioners, to include general nurse practitioners as well as
 - Nurse midwives
 - Clinical nurse specialists
 - Certified registered nurse anesthetists
- Physician assistants
- Clinical psychologists and clinical social workers, in limited circumstances
- Registered dietitians or nutrition professionals



Service Type- General Rules

Only in the place where all three meet is the service billable.



*Except Alaska & Hawaii



Services- There are about 95 treatment codes that are reimbursable, and they fall into the categories below. In addition, the originating site can charge a facility fee. The list of reimbursable charges is updated annually.

- Inpatient visits, initial and follow up
- Outpatient/Office visits
- Kidney disease/end stage renal failure
- Diabetes
- Behavioral Health, including substance abuse and smoking cessation
- Nutrition
- Transition care & advance care planning
- Annual wellness visit that includes a personalized prevention plan of service
- Critical care
- Lung cancer screening
- Health Risk Assessment
- Chronic Care Management



MEDICAID



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Medicaid– Things that remain the same

- MCOs will generally have to cover all services that Fee-for- Service Medicaid covers.
- Providers will not need to complete a separate enrollment to provide telemedicine/telehealth services.
- HIPAA and consent requirements
- The standard of care must still be followed.
- Care based solely on telephone, fax, or text communications is not required to be covered.
- School based settings
- Initial Prescriptions concerning scheduled drugs
- Medical records documentation requirements



Medicaid and Telemedicine/Telehealth

10/1 benefit policy update:

- Matches SB1107
- Matches TMB rules for telemedicine
 - No chronic pain treatment
- Telehealth is treated very much the same as telemedicine



PRIVATE INSURANCE



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The Great Unknown

The language within SB1107 changed Sec 1455.04 of the Insurance Code to this:

“(a) A health benefit plan may not exclude from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or a telehealth service [from coverage under the plan] solely because the covered health care service or procedure is not provided through an in-person [a face-to-face] consultation.

Section (b) goes on to say that plans can require a copay/deductible/coinsurance for the service.

“(c) Notwithstanding Subsection (a), a health benefit plan is not required to provide coverage for a telemedicine medical service or a telehealth service provided by only synchronous or asynchronous audio interaction, including:

- (1) an audio-only telephone consultation;
- (2) a text-only e-mail message; or
- (3) a facsimile transmission.”



Statements not yet out...

And it also required this:

Sec. 1455.006. TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES STATEMENT.
(a) Each issuer of a health benefit plan shall adopt and display in a conspicuous manner on the health benefit plan issuer's Internet website the issuer's policies and payment practices for telemedicine medical services and telehealth services.

But only a few statements appear to have been posted yet.



Business Considerations



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This field is wide open & only limited by the standard of care



Business Considerations

Telemedicine Models

Clinical Delivery Models:

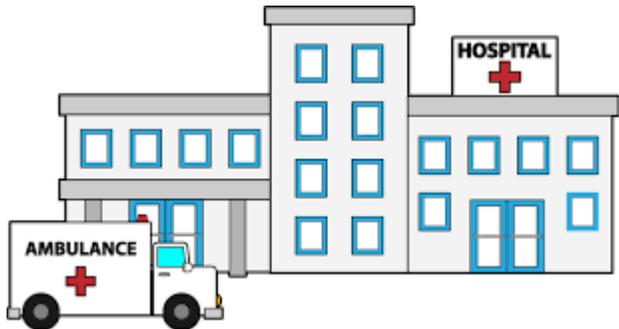
- Employer-Based
- School-Based
- Insurer-Based
- Concierge
 - P2C – in home
 - Selected populations
- Community Integrated Care
- Urgent Care/ED
- Specialty Services

Payment Models

- Traditional: FFS
- Session-based – Direct Contracting
- Subscription
 - PMPM
 - Fee for Access
 - Subscription Plus



Contracted Services



Step 1: Care center pays a provider an hourly rate for telemedicine services & the provider assigns billing rights to the care center



Step 2: Patient seeks services at care center and is referred to the provider for telemedicine care

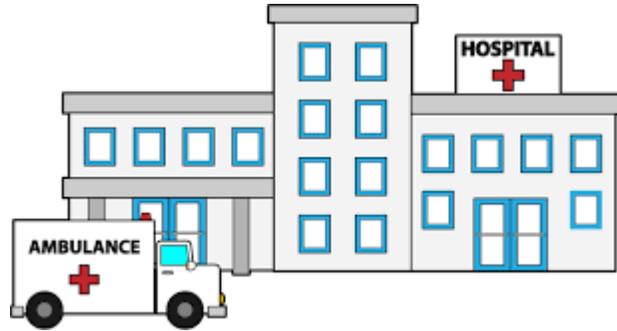
Step 3: Provider treats patient and completes necessary records



Step 4: Care Center bills as both the patient site and for the provider services



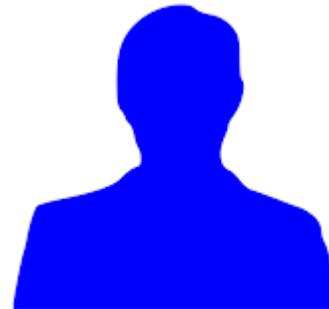
Intra-System Services



Step 1: Care center employs salaried providers who do not independently bill for services



Step 2: Patient seeks services at care center and is referred to the provider for telemedicine care due to geographical or availability limitations & provider treats patient

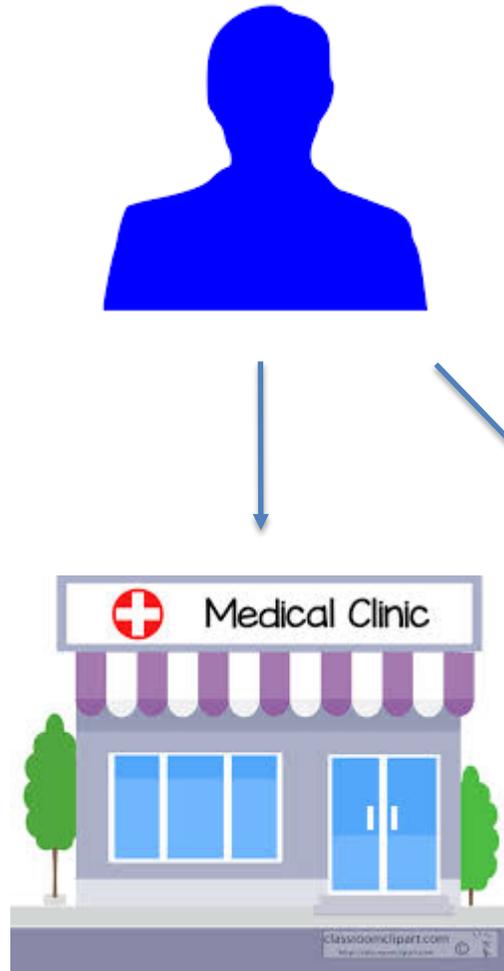


Step 3: Care Center bills for the provider services



On Demand Services

Step 1: Patient establishes a relationship with a provider through a visit at the provider's clinic



Step 2: Patient pays to join the subscription telemedicine service office by the clinic



Step 3: When the patient needs care and cannot come into the clinic, he can receive services from a clinic provider via telemedicine





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QUESTIONS ?