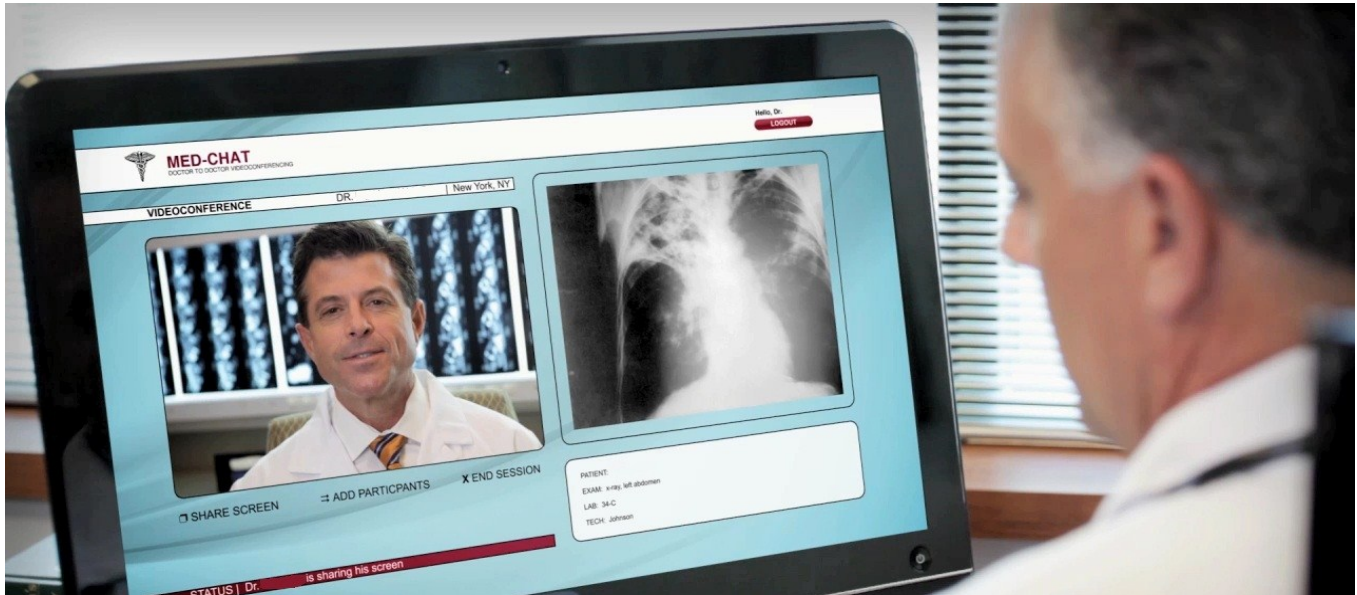


# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201409

MARCH 4, 2014



## Coverage of telemedicine services clarified for FQHCs and RHCs

Telemedicine services are covered by the Indiana Health Coverage Programs (IHCP), subject to established coverage policies, including parameters, limitations, and billing guidelines previously communicated in *IHCP Provider Bulletin BT200802* and referenced in [Chapter 8](#) of the *IHCP Provider Manual* at indianamedicaid.com. This bulletin clarifies that reimbursement is available to Federally Qualified Health Centers (FQHCs) and rural health centers (RHCs) for telemedicine services when the service rendered meets both the definition of a valid encounter and is consistent with the IHCP telemedicine policy.

Subject to the following criteria, reimbursement is available to FQHCs and RHCs when they are serving as either the hub site or the spoke site for telemedicine services.

### MORE IN THIS ISSUE

- [CMS provides clarification regarding the Hospital Presumptive Eligibility process](#)
- [Nursing Facility Satisfaction Survey informational webinars offered in March](#)

When serving as the **hub site (the location of the physician or provider rendering services)**, the service provided at the FQHC or RHC must meet *both* the requirements of a valid encounter and an approved telemedicine service as defined in the IHCP's telemedicine policy. Reimbursement is based on the prospective payment system (PPS) rate specific to the FQHC or RHC facility.

***Continued***

When serving as the **spoke site (the location where the patient is physically located)**, an FQHC or RHC may be reimbursed if it is medically necessary for a medical professional to be with the member, and the service provided includes all components of a valid encounter code. Reimbursement is based on the PPS rate specific to the FQHC or RHC facility.

Please note all components of the service must be provided and documented, and the documentation must demonstrate medical necessity. All documentation is subject to post-payment review.

Separate reimbursement for merely serving as the spoke site is not available to FQHCs and RHCs. Neither the originating site facility fee, as billed by Healthcare Common Procedure Coding System (HCPCS) code Q3014, nor the facility-specific PPS rate is available, because the requirement of a valid encounter is not met. Pursuant to the *Code of Federal Regulations* at 42 CFR 405.2463, an encounter is defined by the Centers for Medicare & Medicaid Services (CMS) as a face-to-face meeting between an eligible provider and a Medicaid member during which a medically necessary service is performed. Consistent with federal regulations, for an FQHC or RHC to receive reimbursement for services, including those for telemedicine, the criteria of a valid encounter must be met. For a list of valid encounter codes, see the [Myers and Stauffer](#) website at in.mslc.com.

FQHC and RHC providers are reminded that their facility-specific PPS rate, which is calculated based on an FQHC's or RHC's operating costs, is an all-inclusive enhanced rate that covers any ancillary services that are not billable as valid encounters. FQHC and RHC providers may request an increase in their facility-specific PPS rate when the scope of services changes.

## CMS provides clarification regarding the Hospital Presumptive Eligibility process

The Indiana Health Coverage Programs (IHCP) received additional clarification from the Centers for Medicare & Medicaid Services (CMS) regarding the Hospital Presumptive Eligibility (HPE) process. In this guidance, CMS communicated that hospitals may contract with third-party vendors to assist with HPE operations as long as the hospital takes responsibility for the presumptive eligibility (PE) determinations that result. The roles and responsibilities of third-party vendors should be detailed in the contracts between the hospitals and vendors. All contracts should expressly include language making the hospital ultimately responsible for PE determinations.

This guidance supersedes references in the [Hospital Presumptive Eligibility Qualified Provider Manual](#) requiring only hospital staff to perform HPE functions. Additional information regarding the HPE process is also found in [IHCP Bulletin BT201357](#).



## Nursing Facility Satisfaction Survey informational webinars offered in March

The Indiana Family and Social Services Administration (FSSA), through its Division of Aging (DA) and Office of Medicaid Policy and Planning (OMPP), cordially invites you to participate in an informational webinar regarding the *Nursing Facility Satisfaction Surveys* to be conducted in July, August, and September 2014. Press Ganey, the vendor performing the resident, family member and friend, and employee satisfaction surveys will host the webinars.

The one-hour webinars are scheduled for the following dates and times:

- Tuesday, March 18, 2014, at 2 p.m. Eastern Time
- Monday, March 24, 2014, at 10 a.m. Eastern Time
- Friday, March 28, 2014, at 10 a.m. Eastern Time

You may participate in any or all sessions. During the webinar, you will receive information about the upcoming survey process and how your residents, their family and friends, and your employees will be surveyed. Please contact Cher Dial at [cdial@pressganey.com](mailto:cdial@pressganey.com) to request a webinar meeting invitation.

### QUESTIONS?

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