

Vision of the Nebraska Statewide Telehealth Network

- Create a statewide secure communications network, which links all eligible users and is capable of supporting real-time video-conferencing and communications, data transmission, and telehealth services .

Mission of the Network

- To increase the quality, availability and accessibility of health care throughout the State of Nebraska by maintaining and promoting a secure communication network that allows rural areas of the State to have access to other health care providers and information without the need for extensive travel.
- To bring together invaluable resources to improve the readiness of the State to deal with terrorist acts and threats as well as naturally-occurring disasters.

Network Funding

- USAC
- NPSC
- HRSA
- Congressionally Mandated Funding

Connection Status Today

- Hub Sites:
 - ✓ UNMC (Omaha)
 - ✓ St. Elizabeth's Regional Medical Center (Lincoln)
 - ✓ BryanLGH Medical Center (Lincoln)
 - ✓ St. Francis Medical Center (Grand Island)
 - ✓ Good Samaritan Hospital (Kearney)
 - ✓ Great Plains Regional Medical Center (North Platte)
 - ✓ Faith Regional Health Services (Norfolk)
 - ✓ Regional West Medical Center (Scottsbluff)

Connection Status Today

- Eighty-eight eligible hospitals are connected
- Nineteen public health departments are connected
- Four mental health clinics and one mental health hospital
- Three Certified Rural Health Clinics
- All but one bioterrorism lab
- Omaha hospitals connected to the Network via UNMC: Immanuel, Bergan Mercy, Creighton, Childrens, Methodist, Midlands, The Nebraska Medical Center
- State Offices
- Nebraska Medical Association
- Other connections on the horizon: Hospital at Winnebago/Indian Health Services and Tecumseh State Correctional Institution, all Rural Health Clinics, all Community Mental Health Centers, rural Long Term Care Centers

Network Uses: Clinical

- Licensure
 - ✓ In NE, KS, IA, SD, and CO: practitioner must be licensed in the state in which the patient is located (some exceptions for irregular circumstances and Shriners' visits)
- Credentialing
 - ✓ Sites need to follow their existing bylaws
 - ✓ The Network is considering what could be proposed for wording for a statewide model.
 - ✓ There may be a potential recommendation coming down from the federal level.

Reimbursement

- Medicare
 - Balanced Budget Act of 1997 mandated Medicare reimbursement of telemedicine services that meet certain criteria, viewing telemedicine technology as an extension of the practitioner's normal practice.
 - No separate CPT codes; utilizes GT modifier.
 - New Medicare Bill allows LTC and MH centers to originate telehealth consults.
- Medicaid
 - Nebraska reimbursing telehealth as if service is face-to-face
- Private Insurance

Services Approved for Reimbursement by Medicare

- Consultations (CPT Codes 99241-99275)
- Office or Other Outpatient Visits (99201-99215)
- Individual Psychotherapy (90804-90809)
- Pharmacologic Management (90862)
- Psychiatric Diagnostic Interview Exams (90801)
- End Stage Renal Disease (HCPCS codes G0308, G0309, G0311, G0312, G0314, G0317, G0318)
- LTC—MH → Codes not known yet (8-20-08).

Providers Approved for Providing Services Via Telehealth by Medicare

- Physicians
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Anesthetists
- Nurse-midwives
- Clinical Nurse Specialists
- Clinical Psychologists
- Clinical Social Workers
- Registered Dietitians/Nutrition Professionals

USAC Federal Funding

- Purpose: to provide supplemental funding to rural facilities.
- Available to hospitals, public health departments, rural health clinics and mental health centers that meet rural definition.
- Currently paying:
 - February 2008 – Line funding down to \$254.00/month (the average cost of a T-1 line in an urban area)
 - Installation costs over and down to the amount of \$680.00
 - Can fund more than one line

Nebraska Public Service Commission

- Purpose: Increase accessibility and affordability
- Currently paying:
 - ✓ Rural facilities/Urban facilities:
 - Up to \$167.38 per month for T-1 lines (Hospitals must pay a minimum of \$100/month); one T-1 line only for rural facilities

Funding Examples

- Hospital A Example

T-1 Line Cost:	\$1,000.00
USAC	\$ 746.00
Hospital	\$ 100.00
NPSC	\$ 154.00
- Hospital B Example

T-1 Line Cost:	\$211.00
USAC	\$ 0.00
NPSC	\$111.00
- Hospital C Example

Fiber Line Cost:	\$1,000.00
USAC	\$ 0.00
NPSC	\$ 111.00
Hospital	\$ 832.62

Nebraska Public Service Commission

Currently paying:

- Installation costs up to \$680 or whatever USAC does not pay (budgeted for entire cost of each line installation if needed)
- Line costs for urban to urban lines
- Router and firewall costs for hubs and rural facilities
- Bridge costs for hubs
- IPVCR for the Network
- Scheduling system for Network
- No governmental institutions, such as Winnebago, Tecumseh, Correctional Institute or Public Health Departments are eligible for funding from the PSC

Bottom line (USAC & PSC)

- Hub hospital lines are paid 100%.
- Hub hospital router and firewall is paid 100%.
- Rural hospitals are responsible for a minimum of \$100 per month toward their lines (could be more).
- Rural hospital router and firewall is paid 100%.
- Public health department line is paid down to \$254.00 (at this time – February 2008).
- Public health department equipment is bought or leased entirely at PHD's expense.
- Omaha hospitals: lines supplemented at \$154.00 per month or up to \$167.38 per month and installation is paid in its entirety.

The NSTN: Current Decision Making Structure and Committees

- Governing Committee
- Advisory Committee
- Technical Subcommittee
- Clinical Applications Subcommittee
- Education Subcommittee
- Evaluation Subcommittee
- Scheduling Subcommittee
- Privacy and Confidentiality Subcommittee
- Ad-hoc:
 - Medicaid
 - Other
