2014 IHCP Annual Seminar
MDwise Telemedicine Program: Serving the Underserved Effectively

Lynn Bradford, PhD, HSPP
Director of Behavioral Health
MDwise, Inc.

Exclusively serving Indiana families since 1994.
MDwise Telemedicine Program

About MDwise, Inc.
• Statewide, not-for-profit health plan serving exclusively Medicaid
• One of three managed care entities (MCEs) for the Risk Based Managed Care (RBMC) programs in Indiana
• Almost 400,000 covered lives
• MDwise leverages a delivery system model to deliver care to its covered membership
• Serves three Indiana Medicaid Programs:
  – Hoosier Healthwise (families, children, and pregnant women),
  – Healthy Indiana Plan (custodial and non-custodial adults aged 19 – 64)
  – Care Select, FFS complex case management

MDwise Telemedicine Program

Agenda
• What is MDwise, Inc.
• Telemedicine in Indiana
• MDwise Telemedicine Initiatives
• Opportunities for Growth
• Recent Telemedicine Improvements
• Barriers to Expanding Telemedicine Use
• Questions
MDwise Telemedicine Program

Telemedicine in Indiana
• Covered service since April 2007
• Reimbursement is available for both the hub and spoke sites when both are greater than 20 miles apart
• Reimbursement is available for both the physician and if applicable the facility
• Audio, visual, and IATV connections must meet the needs of the physician at the hub site
• Coordination between specialist and the member’s primary medical provider (PMP) necessary
• Managed care entities (MCEs) can cover the services

MDwise Telemedicine Program: Behavioral Health
• Initial start up costs for telemedicine via behavioral health are manageable: $400-$500 for computer, camera, and secure connection
• The State monitors MDwise performance on seven day follow-up from a behavioral health inpatient admission
• MDwise uses telemedicine to ensure members admitted for a behavioral health inpatient admission receive a behavioral health visit within seven (7) days of that admission
• MDwise is also using telemedicine to increase compliance with HEDIS measure, Antidepressant Medication Monitoring (AMM)
• Pilot underway for psychiatry services involving initial behavioral health visit and medication management follow-up integrated into member's primary care office
• 1 hub site is active with 1 CHC’s as spoke site in under-served areas of the State
• Aspire Indiana is a CMHC in north central Indiana that is providing the services of a psychiatrist for up to 4 hours per week for 6 months.
• 1 Community Health Centers are the spokes, Boone County Community Health Center
• 1 other spoke sites is in development in north central Indiana
• MDwise is actively looking for other primary care offices to partner with…We Want You!

MDwise Telemedicine Program

• Centerstone of Indiana is a network CMHC who provides integrated care in several of their locations
• 3 hubs located in Columbus, Richmond, and Bloomington
• 8 video units at 4 of their offices that serve as spokes for medication services
• Have therapists embedded in several FQHC’s and RHC’s
• Could expand telemedicine for therapy once regulations regarding FQHC’s and RHC’s are enacted
MDwise Telemedicine Program

- MDwise utilizes claims data to identify where the need is greatest
- For Wabash Valley Alliance, 4 primary care practices within the reach of their hub sites have been identified as having substantial numbers of MDwise members who have a behavioral health diagnosis and are not receiving behavioral health services
- For IU Health Bloomington Hospital, 5 high volume MDwise primary care offices that are part of their network have been identified as possible spoke sites

MDwise Telemedicine Program Opportunities for Growth

Potential MDwise Telemedicine Programs: Medical

- School Based Telemedicine Clinics
  - School aged children in Indiana receive primary care through EDs
  - Goal: Improve member's understanding of importance of primary and preventive care
  - MDwise is developing school based telemedicine pilots to bring primary and preventive care closer to the place where these children spend a great deal of their time: the schools
  - The pilot would involve the school serving as the spoke (i.e. school nurse's office) and a Federally Qualified Health Center (FQHC) serving as the hub in the same region as the school
  - Awaiting finalization of regulations that will allow FQHC's and RHC's to provide telemedicine services
<table>
<thead>
<tr>
<th>MDwise Telemedicine Program Improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Senate Enrolled Act No. 554 was effective 7/1/13</td>
</tr>
<tr>
<td>• Home Health Agencies, Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) will be able to provide telemedicine services</td>
</tr>
<tr>
<td>• Home Health telemedicine rules pending.</td>
</tr>
<tr>
<td>• BR 201409 outline RHC and FQHC telemedicine coverage rules when services rendered meet the definition of a valid encounter</td>
</tr>
<tr>
<td>• And are consistent with the guidelines for IHCP telemedicine policy</td>
</tr>
<tr>
<td>• Spoke site reimbursement not available for FQHCs and RHCs</td>
</tr>
<tr>
<td>• Rules were announced March 4, 2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MDwise Telemedicine Program Improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MDwise decided to pursue behavioral health telemedicine due to its relatively low start up costs</td>
</tr>
<tr>
<td>• Primary care offices in rural or underserved areas were interested in improving access to psychiatry</td>
</tr>
<tr>
<td>• Numerous hub sites already established in many community mental health centers</td>
</tr>
<tr>
<td>• Billing and reimbursement policy was already established</td>
</tr>
<tr>
<td>• Connectivity was already established even in rural or underserved areas we wished to target for this pilot</td>
</tr>
</tbody>
</table>
**MDwise Telemedicine Program**

**Barriers**

- Medicaid FFS reimbursement doesn’t cover the costs of diagnostic equipment at the hub or the spoke on medical side
- The technology is advancing but connectivity to all areas of the State not complete
- Capital costs of starting a non behavioral health telemedicine program are high
  - Connectivity for a dedicated T-Line is $600 - $1,500
  - Video conferencing technology average cost is $17K
  - Digital diagnostic tools is $200 to $10K
- Finding the “What’s in it for me” for all parties to form the right partnerships and create sustainability
- Credentialing rules for providers from network to network difficult because of risk

**Questions and Answers**

Thanks for Attending!