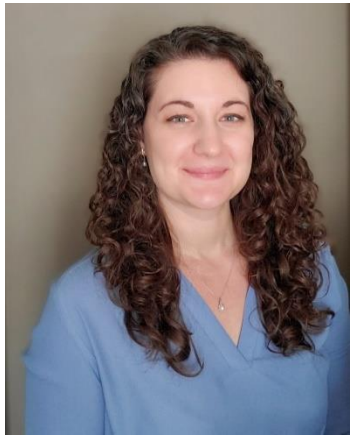
DSMES via Telehealth: How RHCs and FQHCs Can Get Connected

Speaker

- Denae Hebert, Healthcare Innovation Supervisor
  - Well-Ahead Louisiana, Division of Rural Health Advancement, State Office of Rural Health
  - Denae.Hebert@La.Gov



Objectives

- Provide an overview of DSMES structure, requirements, and benefits.
- Discuss ways in which RHCs and FQHCs can provide their patients access to DSMES via Telehealth.
- Discuss how DSMES via Telehealth differs from DSMES in-person.
- Review billing requirements for DSMES via Telehealth.
- Provide overview of the partnership opportunity for Well-Ahead's DSMES via Telehealth project.

DSMES
STRUCTURE, REQUIREMENTS & BENEFITS

What is DSMES?

- Diabetes Self-Management Education and Support (DSMES) is the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.
- DSMES programs are typically delivered in person, in small groups, or in a classroom-based setting. Some organizations—particularly those in rural locations—also deliver DSMES in a telehealth mode.

DSMES Structure and Standards

- In order to receive reimbursement, a DSMES program must be recognized through the American Diabetes Association (ADA) or accredited through the Association of Diabetes Care and Education Specialists (ADCES).

DSMES Structure & Standards

- Recognition/Accreditation requires programs to meet 10 standards.
    1. Internal Structure
    2. Stakeholder Input
    3. Evaluation of Population Served
    4. Quality Coordinator Overseeing DSMES Services
    5. DSMES Team
    6. Curriculum
    7. Individualization
    8. Ongoing Support
    9. Participant Progress
    10. Quality Improvement

Standard 1: Internal Structure

- The provider(s) of DSMES services will define and document a mission statement and goals. The DSMES services are incorporated within the organization - large, small, or independently operated.
  - Document where DSMES services fit within the organization

Standard 2: Stakeholder Input

- The provider(s) of DSMES will seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization.
  - Formal advisory board is required for ADA, but not for ADCES
  - Stakeholders should be representative of the community where services are provided

Standard 3: Evaluation of Population Served

- The provider(s) of DSMES services will evaluate the communities they serve to determine the resources, design, and delivery methods that will align with the population's need for DSMES services.
  - Review demographic data for area served
  - Assess barriers/factors that may prevent population from accessing services
  - Plan/actions taken to overcome/address barriers and gaps in service

Standard 4: Quality Coordinator Overseeing DSMES Services

- A quality coordinator will be designated to ensure implementation of the Standards and oversee the DSMES services. The quality coordinator is responsible for all components of DSMES, including evidence-based practice, service design, evaluation, and continuous quality improvement.
  - Required to accrue 15 hours of diabetes-related continuing education annually

Standard 5: DSMES Team

- At least one of the team members responsible for facilitating DSMES will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES, or be another health care professional holding certification as a diabetes educator (CDE®) or Board Certification in Advanced Diabetes Management (BCADM).
- Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES, along with supervision and support by at least one of the team members listed above.

Standard 6: Curriculum

- A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required.
  - Essential elements/content areas:
    - Pathophysiology and treatment options
    - Healthy eating
    - Physical activity
    - Medication usage
    - Monitoring
    - Preventing, detecting, and treating acute and chronic complications
    - Healthy coping
    - Problem solving

Standard 7: Individualization

- The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members. Together, the participant and DSMES team members will develop an individualized DSMES plan.
  - Assessment requirements are different for ADA recognition and ADCES accreditation
  - Both include elements related to medical diabetes history, diabetes knowledge and health literacy, emotional response to diabetes, support systems, diabetes management skills, and lifestyle practices

Standard 8: Ongoing Support

- The participant will be made aware of options and resources available for ongoing support of their initial education, and will select the option(s) that will best maintain their self-management needs.
  - May include support groups, community organizations, physical activity programs, etc.

Standard 9: Participant Progress

- The provider(s) of DSMES services will monitor and communicate whether participants are achieving their personal diabetes self-management goals and other outcome(s) to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.
  - ADCES accreditation requires evaluation of one behavioral and one clinical outcome
  - ADA recognition requires evaluation of at least one behavioral goal and one other outcome (such as clinical, quality of life satisfaction, etc.)

Standard 10: Quality Improvement

- The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data.
  - ADCES accreditation requires assessment of clinical outcomes, process outcomes, and behavioral outcomes
  - ADA recognition requires evaluation of at least one participant behavioral goal outcome and one other participant outcome
  - Both require documentation of Continuous Quality Improvement

DSMES BENEFITS

Benefits of DSMES

- Support health care providers, people with diabetes, and community members in addressing diabetes-related needs.
- Increase the quality of health care services.
- Contain the cost of delivering health care services.
- Increase indirect revenue, such as revenue from lab tests related to the DSMES service.
- Help health care institutions and providers adhere to standards and goals for health care reform.
- Help meet the National Committee for Quality Assurance (NCQA) standards for a patient centered medical home or an accountable care organization.

Benefits of DSMES: For Patients

- Studies have show that participation in DSMES can:
  - Improve A1C by as much as 1%
  - Improve lipid profiles, weight, and blood pressure
  - Reduce the onset and/or progression of diabetes complications
  - Increase quality of life
  - Encourage long-term lifestyle behavior change
  - Enhance self-efficacy and empowerment
  - Increase healthy coping
  - Decrease diabetes-related depression

MEDICARE/MEDICAID COVERAGE

Medicare Coverage

- Diabetes self-management training (DSMT)* services may be covered only if the treating physician or treating qualified non-physician practitioner who is managing the beneficiary's diabetic condition certifies that such services are needed.
- Medicare Part B covers 10 hours of initial training for a beneficiary who has been diagnosed with diabetes and 2 hours per year of follow-up training
- All DSMT programs must be accredited as meeting quality standards by a CMS approved national accreditation organization
- Providers must be enrolled in Medicare

*Diabetes Self Management Training (DSMT) is Medicare and Medicaid's preferred terminology for DSMES

Medicare Coverage

Initial Training

- Is furnished to a beneficiary who has not previously received initial or follow-up training under HCPCS codes G0108 or G0109;
- Is furnished within a continuous 12-month period;
- Does not exceed a total of 10 hours
- With the exception of 1 hour of individual training, training is usually furnished in a group setting, which can contain other patients besides Medicare beneficiaries,
- One hour of individual training may be used for any part of the training including insulin training.

Follow-Up Training

- No more than 2 hours individual or group training per beneficiary per year;
- Group training consists of 2 to 20 individuals who need not all be Medicare beneficiaries;
- Follow-up training for subsequent years is based on a 12-month calendar after completion of the full 10 hours of initial training;
- Follow-up training is furnished in increments of no less than one-half hour;
- The physician (or qualified non-physician practitioner) treating the beneficiary must document in the beneficiary's medical record that the beneficiary is a diabetic.

Medicare Coverage

Rural Health Clinics

- Rural Health Clinics (RHCs) are not paid separately for DSMT* services

Federally Qualified Health Centers

- Federally Qualified Health Centers (FQHCs) can be paid separately for DSMT* visits
- Rules vary between FQHCs billing under the all-inclusive rate (AIR) model and FQHCs billing under the prospective payment system (PPS) model

*Diabetes Self Management Training (DSMT) is Medicare and Medicaid's preferred terminology for DSMES

Medicare Coverage

FQHCs with AIR model

- Payment is made at AIR
- Can be in addition to another qualifying visit on same day
- Must be a one-on-one face-to-face encounter – no group session are reimbursable
- Billed with code G0108

FQHCs with PPS model

- Payment is made at PPS rate
- Do not qualify for separate payment when billed on the same date as another visit
- Must be medically necessary, one-on-one face-to-face encounter
- Billed with codes G0466 or G0467

Medicaid Coverage

- Louisiana Medicaid provides coverage of DSMT for eligible Medicaid recipients who have a written order from their primary care provider, and have been diagnosed with Type I, Type II, or gestational diabetes.
- A maximum of 10 hours of initial training (1 hour of individual and 9 hours of group sessions) are allowed during the first 12-month period beginning with the initial training date
- A maximum of 2 hours of individual sessions are allowed for each subsequent year

Medicaid Coverage

Initial Training

- May begin after receiving the initial order date and is allowed for a continuous 12-month period, following the initial training date.
- Recipient must not have previously received initial or follow up DSMT training.
- The 10 hours of initial training may be provided in any combination of 30 minute increments over the 12-month period.
- Does not reimburse for sessions that last less than 30 minutes.
- Each group session shall contain between 2-20 recipients.

Follow-Up Training

- After receiving the initial training, a recipient is eligible to receive a maximum of 2 hours of follow-up training each year, if ordered by their primary care provider.
- Follow-up training is based on a 12-month calendar year, following completion of initial training.
- If a recipient completes 10 hours of initial training, the recipient would be eligible for 2 hours of follow-up training for the next calendar year.
- If the recipient does not use all 10 hours of initial training within the first calendar year, then the recipient has 12 months to complete the initial training prior to follow up training.

Medicaid Coverage

Rural Health Clinics

- Separate encounters for DSMT services are **not** permitted and the delivery of DSMT services alone does **not** constitute an encounter visit
- Considered “covered” as part of the encounter rate

Federally Qualified Health Centers

- Separate encounters for DSMT services are **not** permitted and the delivery of DSMT services alone does **not** constitute an encounter visit
- Considered “covered” as part of the encounter rate

PROVIDING ACCESS TO DSMES VIA TELEHEALTH

DSMES via Telehealth

- Terminology
  - **Distant Site:** Site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.
  - **Originating Site**: Location of the patient at the time the service being furnished via a telecommunications system occurs

DSMES via Telehealth: Distant Site

Medicare

- Under normal circumstances, does not allow RHCs or FQHCs to serve as telehealth distant site providers
- During COVID-19 Public Health Emergency, these providers can provide distant site services
- **FQHCs who deliver DSMES can do so via telehealth (and get reimbursed) during PHE–patient and provider can be in any location**

Louisiana Medicaid

- Medicaid allows RHCs and FQHCs to serve as telehealth distant site providers
- **Medicaid does not reimburse RHCs or FQHCs separately for DSMES services**

DSMES via Telehealth: Originating Site

Medicare

- RHCs and FQHCs qualify to serve as originating sites for telehealth visits and receive originating site fee

Louisiana Medicaid

- RHCs/FQHCs can serve as originating site **BUT** Medicaid does not pay originating site fees

DSMES VIA TELEHEALTH VS. DSMES IN-PERSON

What stays the same?

- Structure and requirement
- Curriculum and delivery
- Patients that qualify
- Referral process and requirements

What is different for providers at distant site?

- Billing
  - Specific telehealth codes
- Providers who can deliver services
  - Medicare only reimburses services provided via telehealth by Physicians, NPs, PAs, nurse midwives, CNS', CRNAs, CPs and CSW, and RD/nutrition professionals*

*During the COVID-19 PHE, is allowing all providers who may bill Medicare for their professional services to provide services via telehealth.

What is different for providers at distant site?

- Patient location
  - Patients at home
    - Will need to ensure ability to connect
    - Potential unique benefits: decreased no-show, family engagement, ability to observe home environment
  - Patients at originating site
    - Will need to develop scheduling process and ensure facility has adequate staff and equipment for visit
    - Potential unique benefits: reduced risk of patient technology issues, additional touchpoint with primary care provider, increase in referrals and engagement/collaboration with primary care providers

What is different for providers at originating site?

- Patient location
  - Patients at clinic rather than DSMES provider facility
    - Will need to develop scheduling process with DSMES provider and ensure you have adequate staff, space, and equipment for visit on site
    - Potential unique benefits: additional touchpoint with patient – can conduct visit on same day if medially necessary, better collaboration and communication with DSMES educator/provider
- Billing
  - Can bill originating site fee for Medicare patients

DSMES VIA TELEHEALTH BILLING

DSMES via Telehealth

Distant Site

- **Reminders**: FQHCs can currently (during PHE) bill Medicare as the distant site for DSMES via telehealth; FQHCs are not reimbursed by Medicaid for DSMES; RHCs cannot be reimbursed by Medicare or Medicaid for DSMES services
- Bill Medicare for telehealth services using code G2025
  - Paid at lower of telehealth set rate ($92.03) or actual charges
  - 20% patient coinsurance, 80% paid by Medicare

Originating Site

- **Reminders**: Medicaid does not pay an originating site fee
- Bill Medicare using telehealth originating site code Q3014
  - Paid at lower of originating site rate ($26.65) or actual charges
  - 20% patient coinsurance, 80% paid by Medicare
- If medically necessary encounter on same day, bill on separate line with revenue code 078X
  - Will be paid encounter rate (not originating site fee)

WELL-AHEAD DSMES VIA TELEHEALTH PROJECT

Expanding Access to DSMES

- Our goal is to help expand access to DSMES services to patients in rural areas
- Partnered with Lallie Kemp Regional Medical Center
  - Seeking to partner with at least two clinics in 2021 to deliver DSMES via telehealth services
- Working to identify and establish relationship with second DSMES provider
  - If established, will be seeking to partner with up to three clinics in the late summer or fall of 2021

Clinic Deliverables

- Establish partnership with a DSMES provider. Clinic shall, at a minimum:
  - Work collaboratively with provider to implement the program;
  - Implement referral process with the DSMES provider using the appropriate referral forms/tools;
  - Implement scheduling process with the DSMES provider using the appropriate forms/tools;
  - Utilizing funds provided through partnership with Well-Ahead Louisiana and following the guidance and technical assistance provided by DSMES provider, select and purchase telemedicine equipment that can connect effectively with DSMES provider telemedicine delivery platform; and
  - Clinic staff attend training necessary to assist in DSMES class sessions.
- Work collaboratively with Well-Ahead and DSMES provider to implement the program, including participating in collaboration and planning meetings with Well-Ahead staff and DSMES provider staff to develop and execute the work plan for program implementation.
- Support rigorous evaluation of the program as outlined in Program Evaluation section below.

Evaluation

- Clinics participating in this project will need to meet the following deliverables related to program evaluation:
  - Complete three-month follow-up assessments to collect participant biomarkers (average blood glucose (A1C), weight, blood pressure) and provide to DSMES provider.
  - Participate in key informant interview with Well-Ahead Evaluator to identify project facilitators and barriers.

Well-Ahead Support

- Provide technical assistance and guidance regarding implementation, regulatory considerations, and billing considerations of participating in the DSMES via telemedicine program;
- Provide financial support for staff time to implement the program and to purchase necessary telemedicine equipment; and
- Identify and establish connection with DSMES provider.

Next Steps

- If you are interested in participating in this project, you can apply by completing the DSMES via Telehealth–Originating Site Clinic Application
  - Open to all RHCs and FQHCs
  - Priority given to the following underserved parishes: Acadia, Beauregard, Bossier, Caddo, Caldwell, Claiborne, Evangeline, Jefferson Davis, Lafayette, Lafourche, Lincoln, Morehouse, Orleans, Ouachita, Rapides, Red River, Richland, Tangipahoa, Terrebonne, Washington, and West Baton Rouge
- If you have questions or want more information, please reach out to Denae Hebert at denae.hebert@la.gov

QUESTIONS?

References & Resources

- Medicare Claims Processing Manual Chapter 9–Rural Health Clinics/Federally Qualified Health Centers
- Rural Health Clinics Provider Manual: Chapter Forty of the Medicaid Services Manual
- Federally Qualified Health Centers Provider Manual: Chapter Twenty-Two of the Medicaid Services Manual
- Louisiana Medicaid DSMT Policy Manual
- Medicare Benefit Policy Manual; Chapter 15–Covered Medical and Other Health Services
- ADCES Telehealth and DSMT: Answers to Commonly Asked Questions
- CMS MLN SE20016 New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE
- CDC DSMES Toolkit

Thank you for Joining Us!