



# TELEHEALTH FOR RURAL NURSING CENTERS

## GROWING THE NETWORK

Telehealth can be a feasible method of providing clinical services to patients residing in a rural skilled nursing center when there is a lack or shortage of physicians or health care specialists in a community and when the infrastructure is available to successfully implement Telehealth. GHCA fully recognizes the potential of a robust Telehealth network to help ensure continuity of care across Georgia's healthcare spectrum. To build such a network, there is much to consider.

### WHERE WE ARE NOW

Currently, there are a small number of nursing centers in Georgia who use Telehealth. The Telehealth services being provided in those centers are primarily virtual visits in the areas of psychiatric, behavioral and mental health.

### BENEFITS TO EXPANDING THE TELEHEALTH NETWORK

- Increased access to primary care physicians in rural communities to service the elderly and disabled population
- Increased access to specialists in rural communities to service the needs of the patient population
- In emergency situations (particularly evenings or on weekends), increased access to physicians
- Potential cost savings for the State by reducing:
  - » Unnecessary hospitalizations
  - » Emergency transportation related to unnecessary hospitalizations
  - » Transportation costs to distant locations outside of the community

### REIMBURSEMENT – INCENTIVIZING PROVIDERS TO GROW TOGETHER

The Department of Community Health's (DCH) "Telemedicine Guidance" handbook outlines the available reimbursement for nursing centers providing Telehealth services for their Medicaid patients. In polling GHCA member centers that currently use Telehealth, GHCA has found that the allowable billing (originating site fee) is billed to and paid by Medicare Part B. There is confusion regarding the technical procedures for billing and receiving payment from Medicaid if the patient is not eligible for Medicare Part B.

Telehealth equipment costs at a minimum \$10K per center. There are additional costs associated with the installation of the network and access to wireless broadband for nursing centers who do not already have those capabilities, as well as monthly user fees thereafter. Under the current Medicaid reimbursement formula and based on the historical cost report, these costs would be unreimbursed for nursing centers.

### FUNDING IS NEEDED TO SUPPORT THE ABILITY OF NURSING CENTERS AND PHYSICIANS TO PROVIDE TELEHEALTH SERVICES

For the nursing centers, funding is needed to cover the cost of the Telehealth equipment as well as the costs incurred to ensure centers have the networking capability to operate the equipment properly. Additionally, an evaluation of the originating site fee and professional fees incurred by the nursing center and by the physicians to provide Telehealth virtual visits should be conducted and clarification of the billing methodology should be provided to ensure proper funding.

### OTHER CONSIDERATIONS

- Physical plant limitations, as areas within the nursing center need to be designated for Telehealth equipment and clinical services related to the provision of the virtual visit
- Availability of a broadband network in the area that would support the technical requirements of the Telehealth equipment
- Effective Telehealth utilization is dependent upon clinical collaboration and support of primary care physicians.

In summary, Telehealth services can open the door for providing needed clinical services to patients residing in areas of the State where the local health care network of physicians and specialists is lacking. However, a careful evaluation should be conducted to ensure Telehealth is a valid need in a specific community and that the area has the capability to support the technical requirements for the equipment to be used to its full capacity.

**FOR MORE INFORMATION, CONTACT GHCA.**

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