

POLICY AND OPERATIONAL STANDARDS

KTHN001 – MEMBERSHIP POLICY

Organizations are required to be members of the Kentucky Telehealth Network (KTHN) in order to receive reimbursement from Medicaid for approved clinical telehealth encounters (907 KAR 3:170 – Telehealth consultation coverage and reimbursement)

TELEHEALTH BOARD APPROVAL – JUNE 16, 2014

The Kentucky Telehealth Network (KTHN) is a statewide, fully interactive video network consisting of over 250 telehealth healthcare facilities across the Commonwealth, including all three medical schools, hospitals, primary care and specialty clinics, public school clinics, public health departments, state correctional facility health clinics, community mental health centers, long-term care facilities, state psychiatric hospitals, and other healthcare facilities.

KTHN’s mission is to bring “the right care to the right people at the right time in the right place for the benefits of all Kentuckians.” This is accomplished with communication technology that extends limited clinical resources to meet a nearly unlimited demand by using videoconference technology to deliver direct patient care and educational programming to benefit clinicians and the general public. In order to be eligible for Medicaid reimbursement for clinical telehealth encounters, healthcare facilities must be a member of the statewide KTHN network. Healthcare facilities/facility contractors requesting membership in KTHN shall:

1. Submit a formal letter of request (sample attached) and Membership Request Form to the Telehealth Board at the address below and shall include the name of the facility, a primary contact person for the program, description of the technology that is currently in place and the proposed type(s) of telehealth service(s) to be conducted.

KTHN Telehealth Board
Rob Sprang, Chair
Cabinet for Health and Family Services
Office of Administrative and Technology Services
8 Millcreek Road
Frankfort, KY 40601

2. A healthcare facility/facility contractor applying for membership from its central/corporate location may identify all owned and affiliated entities, their address, and current installed technology with a single application. Add on telehealth-enabled facilities, affiliated with an existing KTHN member, will require a new application for that facility be completed and approved by the KTHN Board of Directors.

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3. KTHN utilizes H.323 standard's based videoconference technology and each site must test with the KTHN Telehealth Training Centers, to confirm compatibility with the network. Successful compatibility testing with the current KTHN systems will be required prior to membership approval in the KTHN. Telehealth clinical encounters where H.323 standards based videoconference technology is not utilized are not eligible for Medicaid reimbursement. Proprietary technologies that are not compatible with H.323 standards are acceptable for Medicare and private insurance claims.
4. All members of the KTHN shall adhere to all telehealth policies and operational standards as established by the Telehealth Board regarding confidentiality and data integrity, privacy and security, informed consent, licensure, privileging and credentialing, technology, billing and reporting.
5. KTHN members are strongly urged to register their individual sites and denote their upcoming programming on the statewide KTHN network schedule at www.kytelehealth.net which helps all sites manage their use of the network resources and to understand what activities are available to the KTHN members.
6. KTHN members are strongly encouraged to connect to the Kentucky Health Information Exchange (KHIE).
7. Telehealth providers are required by law to be certified by the Kentucky Department for Medicaid Services as a Medicaid-participating practitioner, hold a valid license in Kentucky, be privileged and credentialed at the patient facility, and be a member of the KTHN in order to bill Medicaid for clinical telehealth encounters.

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SAMPLE LETTER

Date

Rob Sprang, Chair
Telehealth Board
Cabinet for Health and Family Services
Office of Administrative and Technology Services
8 Millcreek Road
Frankfort, KY 40601

Dear Mr. Sprang:

The *[Name of Central/Corporate Healthcare Facility and/or its Affiliated Entities]* is requesting to become a member of the Kentucky Telehealth Network (KTHN). *[Explain how you are using or preparing to use telehealth]*.

We understand that it is a requirement by law to be certified by the Kentucky Department for Medicaid Services as a Medicaid-participating practitioner, hold a valid license in Kentucky, be privileged and credentialed at the patient facility, and be a member of the KTHN in order to bill Medicaid for clinical telehealth encounters. As a KTHN member we agree to adhere to all standards, protocols and policies established by the Telehealth Board regarding confidentiality and data integrity; privacy and security; informed consent; privileging and credentialing; reimbursement; licensure; technology and reporting.

Attached is the KTHN Membership Form which identifies the facility, address, current technology and telehealth services. Please contact *[name]* at *[phone number]* to schedule testing of our technology.

Sincerely,

[Name & Title]