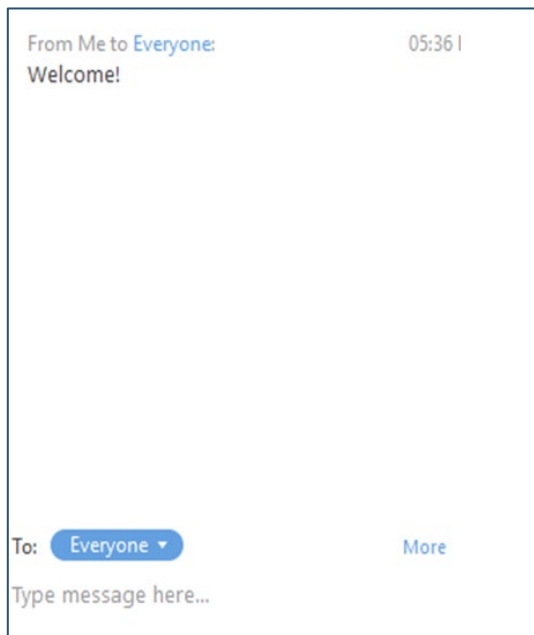


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Taking Your Chronic Disease Prevention and Management to the Next Level – Understanding Medicare Coverage and Services, including Telehealth

Session #4 – Chronic Kidney Disease Prevention Services Covered by Medicare

June 11, 2020 at 2:00 PM CT/1:00 PM MT

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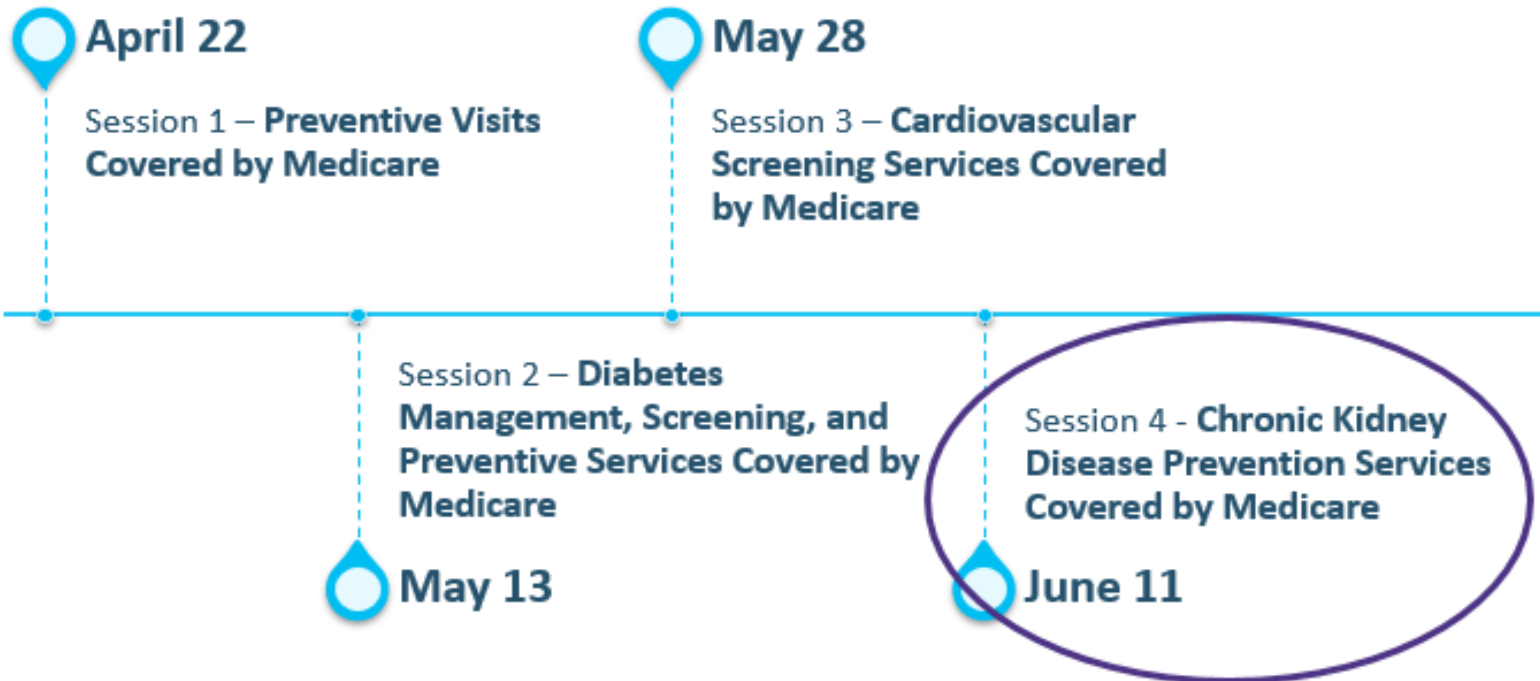
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Four-part Learning Series



Following this webinar, participants will be able to:

- » Review the 5 stages of Chronic Kidney Disease
- » Discuss the various kidney laboratory tests
- » Explore the preventive services for Chronic Kidney Disease (CKD)





Janet Hunter

Education Specialist

Provider Outreach and Education

Novitas Solutions, Inc.



Acronym	Definition
CKD	Chronic Kidney Disease
CMS	Centers for Medicare and Medicaid Services
CVD	Cardiovascular Disease
DSMT	Diabetes Self-Management Training
IBT	Intensive Behavioral Therapy
ICD-10	International Classification of Diseases, 10 th Revision
MNT	Medical Nutritional Therapy
MRA	Medicare Remittance Advice
NPI	National Provider Identifier
NPP	Non-Physician Practitioner
OTP	One-Time Pin
PTAN	Provider Transaction Access Number





Five Stages of Chronic Kidney Disease

» Definition:

- » Chronic kidney disease, also called chronic kidney failure, describes the gradual loss of kidney function over a period of months to years
- » Kidneys filter wastes and excess fluids from the blood, which are then excreted in the urine

» Overview:

- » CKD is one of the most prevalent diseases, affecting an estimated 37 million
- » Kidney Disease is the 9th leading cause of death
- » CKD may not become apparent until kidney function is significantly impaired and generally irreversible:
 - Many people who have it don't even realize it
- » When CKD reaches an advanced stage, dangerous levels of fluid, electrolytes and wastes can build up in the body



- » Initially there are generally no symptoms of CKD; later, symptoms may include leg swelling, feeling tired, vomiting, loss of appetite, and confusion
- » Complications of CKD include an increased risk of heart disease, high blood pressure, bone disease, and anemia
- » Establishing cause as early as possible is important:
 - » Identify and treat any underlying conditions, including high blood pressure, diabetes, heart disease, family history of kidney failure and/or infection
 - » Treatment for CKD focuses on slowing the progression of kidney damage, usually by controlling the underlying cause



- » Stage 1 – early stage CKD: Slight kidney damage with normal kidney function
- » Stage 2 – early stage CKD: Kidney damage with mild decrease/loss in kidney function
- » Stage 3a – early stage CKD: Kidney damage with mild to moderate decrease/loss of kidney function
- » Stage 3b – early stage CKD: Kidney damage with moderate to severe loss of kidney function:
 - » Possible stage 3 kidney disease signs and symptoms:
 - Low blood count, malnutrition, bone pain, unusual pain, numbness or tingling, decreased mental sharpness or feeling unwell



- » Stage 4 – Late stage CKD: Severe decrease/loss of kidney function:
 - » Possible stage 4 kidney disease signs and symptoms:
 - Anemia, decreased appetite, bone disease or abnormal blood levels or phosphorus, calcium or vitamin D
- » Stage 5 – End Stage Renal Disease: Kidney failure and need for dialysis or transplant:
 - » Possible kidney failure signs and symptoms:
 - Uremia, fatigue, shortness of breath, nausea, vomiting, abnormal thyroid levels, swelling in hands/legs/eyes/lower back or lower back pain
 - Indicates that both kidneys are no longer working sufficiently to keep your body healthy and chemically balanced



» Purpose:

- » Laboratory tests are essential to monitor the progress of CKD patients:
 - Testing is the only way to know how well the kidneys are working
- » Each stage of kidney disease is based on the blood test numbers which measures how well kidneys are filtering the blood
- » The sooner the patient is aware of kidney disease, the sooner they can make changes to protect the kidneys



- » Definition:
 - » Measures how well kidneys are filtering blood
 - » Marker of kidney function:
 - Calculate eGFR from stable serum creatinine levels to assess kidney function
- » Overview:
 - » Equation incorporates four variables:
 - Serum creatinine
 - Age
 - Race
 - Gender
- » CKD is generally diagnosed when there is evidence, for more than 3 months, of decreased kidney function (eGFR less than 60)



- » Each stage of kidney disease is based on the eGFR blood test numbers:
 - » Stage 1 – early stage CKD: eGFR of 90 or higher
 - » Stage 2 – early stage CKD: eGFR of 89-60
 - » Stage 3a – early stage CKD: eGFR of 59-45
 - » Stage 3b – early stage CKD: eGFR of 44-30
 - » Stage 4 – Late stage CKD: eGFR of 29-15
 - » Stage 5 – End Stage Renal Disease: eGFR less than 15



- » Definition:
 - » Urine Albumin is defined as a key marker, along with eGFR, to diagnosis and monitor kidney damage
- » Overview:
 - » Screen using a spot urine albumin-to-creatinine ratio
 - » CKD is general diagnosed when there is evidence, for more than 3 months, of kidney damage (usually urine albumin greater than 30 mg/g creatinine, but includes other clinical findings such as hematuria, congenital malformations, etc)



» Purpose:

- » Laboratory tests are essential to monitor the progress of Chronic Renal Disease (CRD) patients

» Overview:

- » Covered routine test, if greater frequencies must include medical justification:
 - Monthly:
 - Complete Blood Count (CBC)
 - Serum Calcium
 - Serum Potassium
 - Serum Chloride
 - Serum Bicarbonate
 - Serum Phosphorous
 - Total Protein
 - Serum Albumin
 - Alkaline Phosphate
 - Aspartate Aminotransferase (AST) (SGOT)
 - Lactic Acid Dehydrogenase (LDH)



- » Per week or thirteen per quarter:
 - Blood Urea Nitrogen (BUN)
- » Per week:
 - Prothrombin time for patients on anticoagulant therapy
 - Serum CREATININE
- » Per dialysis:
 - All hematocrit or hemoglobin and clotting time tests furnished incident to dialysis treatments
- » Guidelines for tests other than those routine performed include:
 - » Serum Aluminum – one every 3 months
 - » Serum Ferritin – one every 3 months
- » Tests for hepatitis B are covered when patients first enter a dialysis facility
- » Coverage of future testing depends on the patient's serologic status and successfully immunization
- » See [NCD 190.10](#) for more information



- » Encourage patients with high risk (diabetes and high blood pressure) of developing kidney disease:
 - » Get a check-up:
 - Get kidneys checked
 - » Take medication as directed
 - » Keep blood pressure in the target range
 - » If a diabetic, stay in the target blood sugar range as much as possible
 - » Stay in target cholesterol range
 - » Eat foods lower in salt; eat more fruits and vegetables
 - » Get active
 - » Lose weight (if appropriate)
 - » Quit smoking



- » Having kidney disease increases the chances of also having heart disease and stroke, early detection and treatment is important to help prevent or delay cardiovascular death
- » Treatment for CKD focuses on slowing the progression of kidney damage by encouraging patients to:
 - » Use the proper medications to lower blood pressure
 - » Avoid conditions or exposures that can harm the kidneys or cause a sudden drop in kidney function:
 - Kidney infections
 - » Improve lifestyle changes, e.g. healthy eating:
 - Meet with a dietitian to make a kidney-healthy eating plan e.g. Medical Nutritional Therapy



- » Background:
 - » An estimated 30 million people have diabetes
 - » Diabetes is the 7th leading cause of death
- » Definition:
 - » Educational and training services furnished to an individual with diabetes by a certified provider in an outpatient setting
- » Who is covered:
 - » Medicare patient diagnosed with diabetes, and
 - » Received an order for DSMT from the physician or qualified NPP treating the Medicare patient's diabetes
- » Procedure codes:
 - » G0108 – DSMT, individual, per 30 minutes
 - » G0109 – DSMT, group (2 or more), per 30 minutes



- » Frequency:
 - » Initial year: Up to 10 hours of initial training within a continuous 12-month period:
 - Not a calendar year
 - » Subsequent years: Up to 2 hours of follow-up training each year after initial 10 hours of training has been completed
- » Deductible and coinsurance apply
- » References:
 - » [Preventive Services Educational Tool, DSMT](#)
 - » National Coverage Determination (NCD) for DSMT ([40.1](#))
 - » DSMT Coverage and Billing Requirements ([JH](#))



- » Background:
 - » Obesity rates have increased dramatically over the last 30 years
 - Medicare population is over 30% obese
 - » Obesity is directly or indirectly associated with many chronic diseases
- » Definition:
 - » IBT targets poor habits that lead to obesity:
 - Unhealthy eating
 - Not exercising
 - » Treatment uses interventions to fix poor habits and learn how to change lifestyles in order to lose weight
 - » Closely working with a therapist one-on-one or in a group session
- » Treatment may include:
 - » Track daily food intake
 - » Change the environment to avoid overeating
 - » Increase activity level
 - » Create an exercise plan
 - » Set realistic goal



- » Who is covered:
 - » Medicare patients:
 - Whose Body Mass Index (BMI) is equal to or greater than 30, and
 - Who is competent and alert at the time counseling is provided, and
 - Whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting
- » Copayment/Coinsurance and deductible waived
- » ICD-10 codes:
 - » Z68.30 – Z68.39
 - » Z68.41 – Z68.45
- » Procedure codes:
 - » G0447 – Face-to-face behavioral counseling for obesity, 15 minutes
 - » G0473 – Face-to-face behavioral counseling for obesity, group (2 – 10), 30 minutes



» Frequency:

- » Medicare covers up to 22 visits billed with codes G0447 and G0437, combined, in a 12-month period:
 - First month: one face-to-face visit every week
 - Months 2 – 6: one face-to-face visit every other week
 - Months 7 – 12: one face-to-face visit every month if certain requirements are met

» Requirements:

- » At the 6-month visit, a [reassessment of obesity](#) and a determination of the amount of weight loss must be performed
- » To be eligible for additional face-to-face occurring once a month for months 7 – 12, Medicare patient must have lost at least 3 kg during the first 6 months
- » For patients that do not achieve a weight loss of at least 3 kg during the first 6 months, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period



- » [Preventive Services Educational Tool, Intensive Behavior Counseling for Obesity](#)
- » National Coverage Determination (NCD) for Intensive Behavior Counseling for Obesity ([210.12](#))



- » Background:
 - » Tobacco use remains the leading cause of preventable morbidity and mortality
 - » Despite the growing list of adverse health effects associated with smoking, more than 45 million adults continue to smoke
- » Definition:
 - » Smoking cessation is the process of discontinuing tobacco smoking
 - » Nicotine is addictive and can cause dependence:
 - Nicotine withdrawal often makes the process of quitting difficult
- » Who is covered:
 - » Outpatient and hospitalized Medicare patients:
 - Who use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease, and
 - Who are competent and alert at the time of counseling, and
 - Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner



- » Inpatient hospital stays with the principal diagnosis of tobacco use disorder are not reasonable and necessary for the effective delivery of tobacco cessation counseling:
 - » We will not cover tobacco cessation services if tobacco cessation is the primary reason for the patient's hospital stay
- » Frequency:
 - » Two cessation attempts per 12-month period:
 - Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions per 12-month period
- » Copayment/coinsurance and deductible waived
- » Procedure codes:
 - » 99406 – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
 - » 99407 – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes



- » ICD-10 codes:
 - » F17.210, F17.211
 - » F17.213
 - » F17.218 – F17.221
 - » F17.223
 - » F17.228, F17.229
 - » F17.290, F17.291
 - » F17.293
 - » F17.298, F17.299
 - » T65.211A – T65.214A
 - » T65.221A – T65.224A
 - » T65.291A – T65.294A
 - » Z87.891
- » [Preventive Services Educational Tool, Counseling to Prevent Tobacco Use](#)
- » National Coverage Determination (NCD) for Counseling to Prevent Tobacco Use ([210.4.1](#))



- » Background:
 - » Cardiovascular disease is the leading cause of mortality
- » Definition:
 - » Test which evaluates for different forms of heart disease and stroke
- » Who is covered:
 - » All Medicare patients without apparent signs or symptoms of cardiovascular disease
- » Procedure codes:
 - » 80061 – Lipid panel: This panel must include:
 - 82465 – Cholesterol, serum, total
 - 83718 – Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol)
 - 84478 – Triglycerides
- » ICD-10:
 - » Z13.6
- » Frequency:
 - » Once every 5 years
- » Copayment/coinsurance waived and deductible waived
- » [Preventive Services Education Tool, Cardiovascular Disease Screening Tests](#)



» Background:

- » Cardiovascular disease (CVD) is the leading cause of mortality and also the leading cause of hospitalizations
- » Risk factors for CVD include being overweight, obesity, physical inactivity, diabetes, cigarette smoking, high blood pressure, high cholesterol, family history of myocardial infarction and older age

» Definition:

- » Known as a CVD risk reduction visit; helps lower risk for CVD
- » May discuss aspirin use (if appropriate), blood pressure and eating well

» Who is covered:

- » All Medicare patients who are:
 - Competent and alert at the time counseling is provided
 - Furnished counseling by a qualified primary care physician or other primary care practitioner and in a primary care setting



- » Procedure codes:
 - » G0446 – Face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- » Frequency:
 - » Annually
- » Copayment/coinsurance waived and deductible waived
- » [Preventive Services Educational Tool, IBT for Cardiovascular Disease](#)
- » National Coverage Determination IBT for Cardiovascular Disease [\(210.11\)](#)



- » Definition:
 - » An intensive, focused, and comprehensive nutrition therapy service
 - » Involves in depth individualized nutrition assessment and counseling
 - » Relies heavily on repeated reinforcement to aid with behavior change
 - » Establishes goals, a care plan, and interventions
 - » Plans to assist with behavioral and lifestyle changes relative to disease management
- » Who is covered:
 - » Patients with diabetes or renal disease, or who have received a kidney transplant within the last 36 months, and
 - » Referral is required from treating physician
- » Services provided by registered dietitian or nutritional professional:
 - » Must be enrolled in Medicare program
- » Copayment/Coinsurance and deductible waived



- » Procedure codes:
 - » 97802 – MNT; initial assessment, individual, each 15 minutes
 - » 97803 – MNT; re-assessment, individual, each 15 minutes
 - » 97804 – MNT; group (2 or more individual(s)), each 30 minutes
 - » G0270 – MNT; reassessment for change in diagnosis, medical condition or treatment regimen, individual, each 15 minutes
 - » G0271 – MNT; reassessment for change in diagnosis, medical condition or treatment regimen, group (2 or more), each 30 minutes

- » Diabetes Self-Management Training (DSMT) and MNT are separate but complementary services:
 - » Cannot bill DSMT and MNT on the same date of service for the same patient



- » Frequency:
 - » First year: 3 hours of one-on-one counseling:
 - Rolling 12-month calendar
 - » Subsequent years: 2 hours
- » References:
 - » [Preventive Services Educational Tool, Medical Nutritional Therapy](#)
 - » MNT coverage and billing requirements ([JH](#)) ([JL](#))
 - » National Coverage Determination (NCD) for Medical Nutrition Therapy ([180.1](#))



- » **Definition:**
 - » Visits with a provider that uses telecommunication systems (audio and video) between a provider and a patient:
 - Doctors, nurse practitioners, clinical psychologist, and licensed clinical social workers are able to offer telehealth to their patients
- » **Overview:**
 - » Medicare covers telehealth for office, hospital, emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services furnished via telehealth across the country and including the patient's place of residence
- » **Billing:**
 - » POS equal to what it would have been had the service been furnished in-person
 - » **Modifier 95** indicating that the service rendered was actually performed via telehealth:
 - Modifier 95 is defined as synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system
- » [COVID-19 Frequently Asked Questions \(FAQs\)](#)



- » Telehealth services include a new or established patient (not all-inclusive list):
 - » 99202-99215 (Office or other outpatient visits)
 - » G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) *
 - » G0406-G0408 (Follow-up inpatient telehealth consultations furnished to patients in hospitals or SNFs) *
 - » G0108, G0109 (Diabetes Self-Management Training) *
 - » G0446 (Intensive Behavioral Therapy for Cardiovascular Disease) *
 - » G0447 (Intensive Behavioral Therapy for Obesity)*
 - » 99406, 99407 (Counseling to Prevent Tobacco Use) *
 - » 97802 – 97804, G0270 (Medical Nutrition Therapy) *

* audio only interaction meets requirements

- » [Covered Telehealth Services for Public Health Emergency for COVID-19 Pandemic](#)

- » [General Provider Telehealth and Telemedicine Tool Kit](#)



- » Virtual services:
 - » HPCPS codes G2012 – Brief (5 – 10 minutes) check in between a provider and a patient via telephone or other telecommunications device to decide whether an office visit or other service is needed
 - » HPCPS codes G2010 – Remote evaluation of recorded video and/or images submitted including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
- » E-visit is defined as communication between an established patient and their provider through an online patient portal:
 - » Codes: 99421- 94423, G2061-G2063
- » Telephone services are defined as a non-face-to-face evaluation and management (E/M) services or a non-face-to-face assessment and management services provided to a patient using the telephone by a physician or other qualified health care professional
 - » Codes: 99441-99443, 98966-98968
- » [Medicare Coverage of Payment of Virtual Services Video](#)
- » [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- » [MM11805 Summary of Policies in 2020 Public Health Emergency Interim Final Rules](#)



- » Reviewed the 5 stages of Chronic Kidney Disease (CKD)
- » Discussed the various kidney laboratory tests
- » Explored the preventive services for CKD



- » Providers are required to use the IVR unit to obtain:
 - » Claim Status
 - » Patient Eligibility
 - » Check/Earning
 - » Remittance inquiries
- » Jurisdiction H (Novitas Solutions):
 - » Customer Contact Center- 1-855-252-8782
- » Jurisdiction 5 (WPS Government Health Administrators):
 - » Customer Service – 1-866-518-3285
- » Jurisdiction 6 (National Government Services, Inc.):
 - » Customer Service – 1-866-234-7340
- » Patient / Medicare Beneficiary:
 - » 1-800-MEDICARE (1-800-633-4227)
 - » <http://www.medicare.gov>





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Upcoming Telligen Events

- » Post-Acute Care Collaborative Office Hours (OK, IA, CO, IL): 7/8, 11:00 AM CT
- » COVID-19 in Long-Term Care (LTC) Office Hours:
 - » 6/18, 2:00 PM CT
 - » 7/16, 2:00 PM CT
- » For more information and to register, visit Telligen's Events page here:
<https://www.telligenqinqio.com/events/>



MAC Events

- » National Government Services:
 - » [J6 and JK NGS Medicare Education Calendar](#)
- » Novitas Solutions:
 - » [Medicare Part A Educational Events Calendar](#)
 - » [Medicare Part B Educational Event Calendar](#)
- » WPS Government Health Administrators:
 - » [Learning Center](#)
 - » Sign up for various newsletters on their [website](#)



- » HHS is distributing \$50 billion across the healthcare system to providers and facilities that bill Medicare.
- » Visit hhs.gov/providerrelief for more information on the allocations. Recipients of payments from any of these allocations must attest and accept the Terms and Conditions within 45 days.
- » [View a list of providers](#) who received a payment from the General Distribution of the Provider Relief Fund who have attested payments as of May 4, 2020.
- » HHS Provider Relief Fund <https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6/data>



- » The FCC has awarded funding for telemedicine COVID response efforts to a few local health care providers! See awardees below and the announcement [here](#). Note only \$13.7 million of the \$200 has been committed to date (May 1).
- » Apply here - <https://www.fcc.gov/covid-19-telehealth-program>
- » Examples of funding:
 - » **Salina Family Healthcare Center, in Salina, Kansas**, was awarded \$14,418 for laptops, web cameras, monitors, and other equipment to provide video and voice consultations for medical, dental, behavioral health, and clinical pharmacy patients, freeing up physical space and staff to take care of patients with COVID-19 requiring face to face appointments.
 - » **Reliance Health, Inc., in Norwich, Connecticut**, was awarded \$18,601 for telehealth services and devices to continue contact with individuals who have chronic and persistent mental health diagnoses and are at high-risk for the COVID-19 disease.



- » **Valley-Wide Health Systems, Inc., in Alamosa, Colorado,** was awarded \$46,437 to implement video telehealth services to provide virtual health visits for COVID-19 screening and primary medical care to its vulnerable low-income and elderly patients.
- » **Council for Jewish Elderly, in Chicago, Illinois,** was awarded \$6,783 to provide telehealth services in its skilled nursing facility and outpatient counseling departments for over 350 older adults to limit in-person care as much as possible to prevent the spread of the COVID-19 disease.
- » **Greater Elgin Family Care Center, in Elgin, Illinois,** was awarded \$39,639 for the purchase of laptops to expand its capacity to provide virtual visits for a wide variety of medical services to limit the spread of COVID-19.



- » HRSA Telehealth Network Grant Program
 - » Apply by June 15, 2020
 - » Award September 1, 2020
 - » The funding opportunity is aimed towards promoting rural Tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and Tele-Emergency Medical Services (Tele-EMS). This will be achieved by enhancing telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists.
 - » <https://www.hrsa.gov/grants/find-funding/hrsa-20-036>



- » The Distance Learning and Telemedicine (DLT) Program
 - » Apply by June 13, 2020
 - » The DLT Program provides grants to encourage and improve telemedicine and distance learning services in rural areas through the use of telecommunications, computer networks, and related advanced technologies to be used by students, teachers, medical professionals, and rural residents.
 - » <https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants>



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