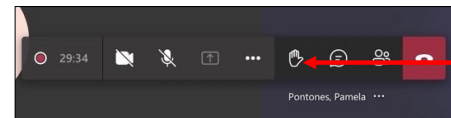# Telehealth 101

Considerations for Improving Care

Cameron Hilt, MPH
Program Director | Indiana Rural Health Association
Upper Midwest Telehealth Resource Center
Crossroads Partnership for Telehealth

Webinar: Agenda and Chat Rules

- Opening Remarks
- Housekeeping
- Presentation
- Q&A
- Closing Remarks

- To ensure maximum sound quality, participant lines have been muted during the presentation; however, we welcome questions and comments via the chat box on the right-hand side of your screen
- During the Q&A portion of the presentation, we will unmute your lines.
- To submit questions or comments:
  - Use the chat box or,
  - Raise your hand to verbally ask your question

Qsource has more than 45 years of experience working with with healthcare providers, Medicare and Medicaid.

Currently operate in 11 states overseeing ESRD, EQRO and QIO activities.

Serves as the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Indiana.

Qsource.

Polling: Question 1

Ambulatory Care   Community-based   Government   Home Health

Hospital   Long-term Care   Pharmacy   Other

Qsource.

Telehealth 101

Cameron Hilt, MPH Program Director- Indiana Rural Health Association

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Agenda

Introduction

Telehealth Basics

Before, During, and After the Visit

Rural Health Clinic Considerations-Reimbursement

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WE'RE OPEN

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UMTRC Services

One stop shop for all things telehealth

- Individual Consultation
- Technical Assistance
- Connections with other programs
- Project assessments
- Updates on reimbursement policy and legislative developments

Presentations & Trainings

- Monthly Webinar Series
- "A Virtual View"- Podcast
- Virtual Office Hours- Open Q&A
- Telehealth Workshops
- Telehealth Training and Demo Center

UMTRC 4th Annual Conference

Registration is Live!

UMTRC Annual Conference | Upper Midwest Telehealth Resource Center

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4th Annual Upper Midwest TRC Telehealth Conference
"Telehealth Insights: Workforce, Policy, and Beyond"

September 13-14, 2022
Gillespie Conference Center
South Bend, IN

About the Upper Midwest Telehealth Resource Center (UMTRC)
The UMTRC is a federally funded program of the Indiana Rural Health Association (IRHA). The UMTRC provides a comprehensive set of telehealth clinical and technical assistance services leveraged into products of lasting value to rural providers. The UMTRC region encompasses the states of Illinois, Indiana, Michigan, and Ohio.

About the Conference
The UMTRC is your authority on telehealth adoption, delivery, compliance, and reimbursement, and we are proud to bring together experts and professionals to extend our reach at our annual conference. The conference is designed to be of interest to a wide range of professionals including clinicians, administrators, public health officials, rural health clinics, federally qualified health centers, local health departments, universities/students, and others interested in the development and delivery of telehealth in their community.

Attendee Info

- Two-Day Annual Conference Registration: $300
  September 13-14, 2022
  (Includes all conference meals)

- A limited number of student scholarships to attend the UMTRC Annual Conference are available.
  Apply on the website.

- Walk-in registration: $350
  (Includes all conference meals)

Keynote Speakers

Jeff Butler is a workplace generation expert and technology speaker, author and strategist who helps organizations create workplaces where employees thrive.

Mei Wa Kwong joined CCHP in March 2010 as a Policy Associate and was named Executive Director in January 2018. Ms. Kwong leads the organization's work on , public policy issues as they impact telehealth on the state and federal level. She is also the project director for the National Telehealth Policy Resource Center.

Exhibitor Info

- Gold Exhibitor Registration : $2,550
  1 Exhibit Table
  Complimentary registration for 3 people

- Silver Exhibitor Registration: $1,000
  1 Exhibit Table
  Complimentary registration for 2 people

- Standard Exhibitor Registration : $750
  1 Exhibit Table
  Complimentary registration for 1 person

- IRHA BPN Member Exhibitor Registration: $500
  1 Exhibit Table
  Complimentary registration for 1 person

*All exhibitors will receive recognition on the UMTRC website, the event app, and on a rotating slide presentation throughout the conference.

*Sponsor opportunities are also available.

REGISTER ONLINE AT UMTRC.ORG

This publication was ... rices Administration, DHHS.

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🌐 **umtrc.org**

🎙️ **UMTRC Podcast - "A Virtual View"**

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in **UMTRC Upper Midwest Telehealth Resource Center**

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Agenda

Introduction

Telehealth Basics

Before, During, and After the Visit

Rural Health Clinic Considerations-Reimbursement

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Terminology

- Telemedicine vs Telehealth
  - Telemedicine
    - Billable interactive clinical services only
  - Telehealth
    - May incorporate telemedicine
    - Broader field of distance health activities and technologies (CME, etc.)
    - Clinical remote monitoring falls under this term (usually at home)
  - Other common terms
    - eHealth
    - mHealth
    - Video Visit
    - Virtual Care
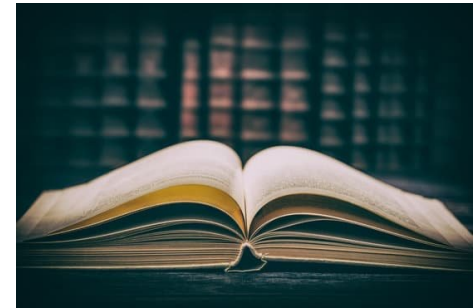
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Telehealth Delivery Modalities

Live and interactive telehealth services duplicate clinical in-person care

- Also known as synchronous telehealth
  - Describes interactive video connections
  - HIPAA Compliant, secure real-time audio AND video
  - Information is transmitted simultaneously

Store-and-forward telemedicine

- Also known as asynchronous telehealth
  - Describes one way transmission of medical images or data
  - HIPAA Compliant, secure
  - Information is transmitted one-way

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Flavors of Telehealth

- Hospitals & Specialties
    - Specialists see and manage patients remotely
        - Telestroke
        - TeleICU

- Integrated Care
    - Mental health and other specialists work in primary care settings
        - Primary Care Medical Homes
        - Accountable Care Organizations

- Transitions & Monitoring (Chronic Care Management)
    - Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care
        - Technology captures patient data and transmits to primary care
        - Community Paramedicine

- Primary Care in Schools
    - Students access care during the school day without leaving campus
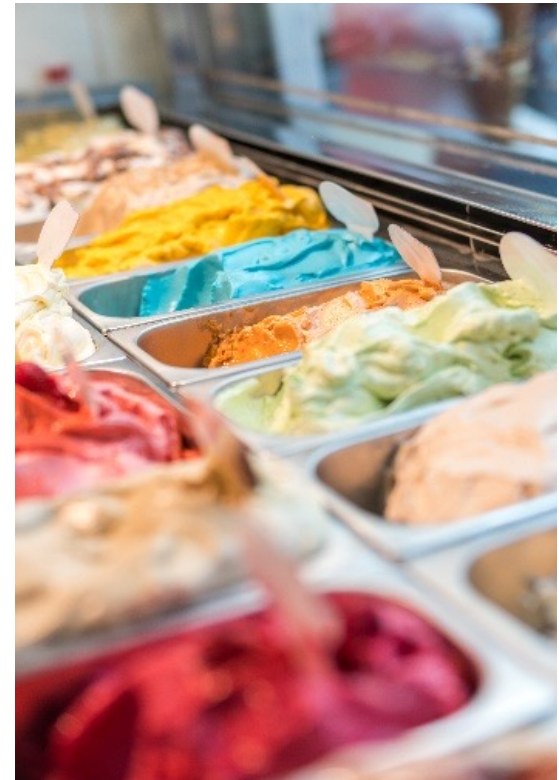
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Modalities for Telehealth

Clinical Settings for Telehealth

Business to Business (hub and spoke)

Patient at Home (started primarily in current COVID environment)

Business to Consumer / Business to Patient

Apps

Wearables

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Types of Visits

Telephone E/M Visits

Telehealth Visits

E-Visits

Virtual Check-ins

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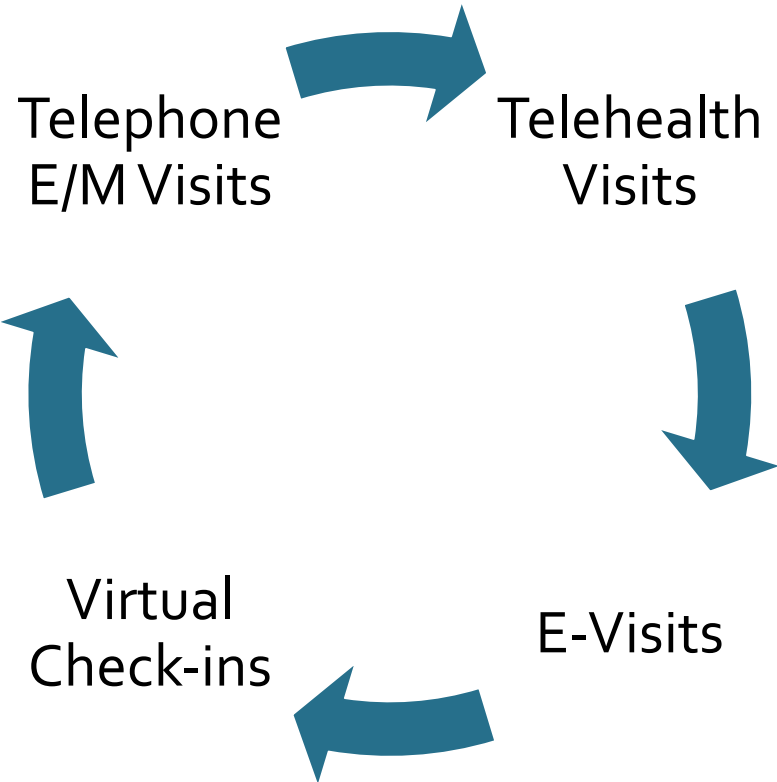
Virtual Visit Algorithm
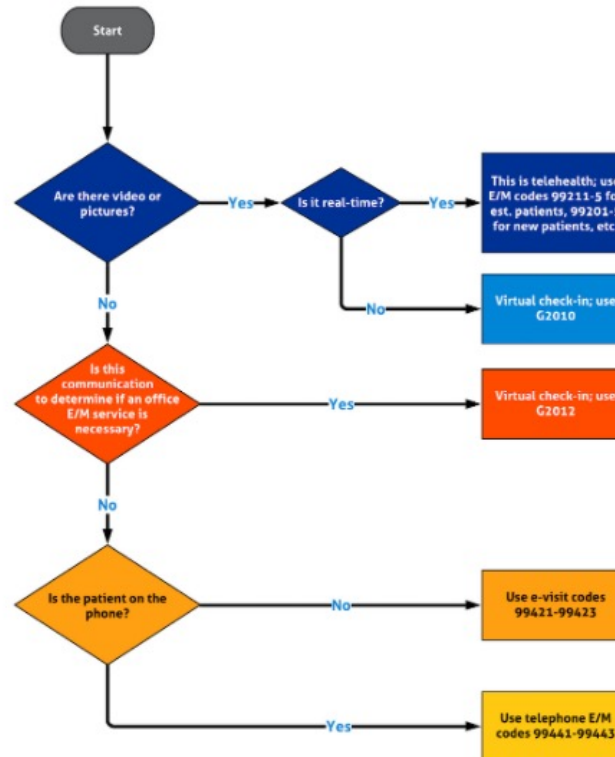
*Disclaimer has not been updated since 2020 however, the thought process helps with coding.

Start

Are there video or pictures? — Yes → Is it real-time? — Yes → This is telehealth; use E/M codes 99211-5 for est. patients, 99201-5 for new patients, etc.

Is it real-time? — No → Virtual check-in; use G2010

Are there video or pictures? — No → Is this communication to determine if an office E/M service is necessary? — Yes → Virtual check-in; use G2012

Is this communication to determine if an office E/M service is necessary? — No → Is the patient on the phone? — No → Use e-visit codes 99421-99423

Is the patient on the phone? — Yes → Use telephone E/M codes 99441-99443

Developed by James Dom Dera, MD, FAAFP. Source: Four algorithms that answer four key questions about COVID-19. *FPM.* May 18, 2020.
https://www.aafp.org/journals/fpm/blogs/inpractice/entry/covid_algorithms.html

Agenda

Introduction

Telehealth Basics

Before, During, and After the Visit

Rural Health Clinic Considerations-
Reimbursement

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Before the Visit

Patient Engagement and Education

Identify

Educate

Set expectations

Scheduling Protocols

Identify

Schedule

Ensure

Make sure to setup your exam room or office in advance of your telehealth appointment!

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Dress the Part

Even if working from your office dressing the same as an in-person visit will exude professionalism and instill confidence for your patients.

This is supported by the "the lab coat effect" that this association can increase faith and trust in performance.

Even if you don't wear a lab coat, professional attire can still improve patient trust.

Telemedicine Room Design

- Location / Size
- Placement of equipment & furniture
- Electrical & telecommunications connections
- Lighting, Acoustics, Wall color

Telemedicine Appointment

UMTRC Handout
telemedicine_appointment,_1.pdf
(umtrc.org)

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Preparing for Your Appointment

family member to take care of. Time and money will be saved by eliminating the travel time of going to your primary care physician or local health clinic.

✓ Make sure your equipment is working, connected to WiFi as to not use data. Test that the sound works and the video quality is good.

✓ Check lighting: have a light source facing you from behind your video recording device, do not have a light behind you, close curtains or drapes.

✓ Keep your recording device level with your face and your face centered on the screen. If you are using a phone, have it on a stand or prop it up, do not hold it or walk around with it.

✓ Eliminate distractions. Find a quiet room to minimize background noise. Remove children or pets from the video call area.

During the Appointment

✓ Treat the appointment the same as you would an in-person one. You are here to receive the same quality of care.

✓ Have health information and history ready, including some questions prepared to ask the provider about your health and why the appointment was scheduled.

✓ Avoid eating or engaging in other activities during the call that might make it difficult for the provider to hear you.

✓ Take notes to help remember anything important your provider says or any answers they give to your questions.

✓ Reduce internet disruptions by minimizing any extra apps or tabs on your video recording device and limit the number of other devices accessing the internet while on your call.

✓ Speak at a normal volume and clearly. Check with your provider that they can understand you.

✓ Ask about a follow-up and the necessary next steps at the end of the appointment to make sure the proper recommended care is received.

You're Ready for Your Appointment!

Necessary Distractions

- Note-taking will require you to multi-task
  - Let the patient know when you need to look away
  - Let them know you will be taking notes throughout the visit, and you may look away or they may hear typing

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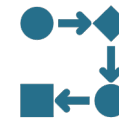*A program of the Indiana Rural Health Association*

After the Visit

Telehealth Codes

Integrate CPT codes and modifiers into the EHR

Share visit summary and follow-up care

Lists of codes:
BT202239 (indianamedicaid.com) Indiana Medicaid
List of Telehealth Services | CMS - Medicare

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Wrapping up Appointment

- Make room for lag time
  - There may be some delays so leave a few seconds at the end for any clarification or discussion needed

- Clarify post-appointment instructions
  - Do they need to schedule/follow-up?
  - The patient should have clear next steps before disconnecting

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Agenda

Introduction

Telehealth Basics

Before, During, and After the Visit

Overview of Federal and Indiana Medicaid Reimbursement

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Billing Language/ Accepted Modifiers

Originating Site – Where the patient is located

Distant Site – Where the practitioner providing care is located

CMS Recognizes – POS 02, 10*, GT, GQ, G0, FQ**, FR**

IN recognizes – Procedure Code + POS 02, 10 + Modifier 95*** & 93***, GT Optional

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Billing Language/ Accepted Modifiers (cont)

- *The new POS code is POS code "10" and is for telehealth services provided to a patient who is in their home.

- **FQ: A telehealth service was furnished using real-time audio-only communication technology. FR: A supervising practitioner was present through a real-time two-way, audio/video communication technology.

- 93*** A telehealth service was furnished using real-time audio-only communication technology. 95*** A supervising practitioner was present through a real-time two-way, audio/video communication technology.

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Indiana Medicaid

- Current telehealth codes are valid through all of 2022 but will be re-evaluated in 2023 making permanent provisions difficult to predict.

- To see a list of all the procedure codes and provider types that can furnish and bill for telehealth refer to this document BT202239 (indianamedicaid.com).

- Remote patient monitoring used to be limited to only home health but now has more applications, but requires patients to meet specific criteria and prior authorization. For more details on the requirements refer to this BT202238 (indianamedicaid.com).

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HHS Public Health Emergency (PHE) extended until July 2022

- October 15, 2021
  - PHE Extended until January 2022
  - https://www.phe.gov/emergency/news/healthactions/phe/Pages/COVDI-15Oct21.aspx

- January 16th, 2022
  - PHE Extended until April 2022
  - Renewal of Determination That A Public Health Emergency Exists (hhs.gov)

- April 12th, 2022
  - PHE extended until July 2022
  - Renewal of Determination That A Public Health Emergency Exists (hhs.gov)

2022 Consolidated Appropriations Act

- The legislation includes provisions to extend and expand telehealth flexibilities for 151 days after the end of the COVID-19 public health emergency **taking us roughly through the end of 2022**.

- According to the AHA, expanding originating site to include any site at which the patient is located, including the patient's home;

- Expanding eligible practitioners to furnish telehealth services to include occupational therapist, physical therapist, speech-language pathologist and audiologist;

- Extending the ability for federally qualified health centers (FQHCs) and rural health clinics (RHCs) to furnish telehealth services;

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2022 Consolidated Appropriations Act

- Delaying the 6-month in-person requirement for mental health services furnished through telehealth until 152 days after the emergency, including the in-person requirements for FQHCs and RHCs;

- Extending coverage and payment for audio-only telehealth services;

- Extending the ability to use telehealth services to meet the face-to-face recertification requirement for hospice care; and

- Requiring the Medicare Payment Advisory Commission to conduct a study on the expansion of telehealth services and to require the Department of Health and Human Services (HHS) Secretary to publicly post data with respect to telemedicine utilization.

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2022 Consolidated Appropriations Act

Center for Connected Health Policy
THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

TELEHEALTH POLICY IMPACTS OF THE 2022 CONSOLIDATED APPROPRIATIONS ACT

Below is a quick reference regarding the major impacts on federal telehealth policy on Medicare. For the most part, the policies focus on the temporary changes that were made to Medicare telehealth policy in response to COVID-19.

MEDICARE		
ISSUE	**CHANGE MADE BY BUDGET BILL**	**DIFFERENCE FROM CURRENT WAIVER**
Patient Location – Geographic	Extension of waiver on the geographic location of patient requirement to continue an additional 151 days after the Public Health Emergency (PHE) is declared over.	No difference from current COVID-19 temporary waiver.
Patient Location – Site	Extension of waiver on the site location of patient requirement to continue an additional 151 days after the PHE is declared over.	No difference from current COVID-19 temporary waiver.
Eligible Providers	Allow FQHCs, RHCs, PTs, OTs, Speech-Language Pathologists and Audiologists to continue to be reimbursed for services delivered via telehealth an additional 151 days after the PHE is declared over.	Under the current COVID-19 waivers, the category of providers is all eligible Medicare providers.
Audio-Only	Extension of waiver on the use of audio-only as a modality to continue an additional 151 days after the PHE is declared over.	No difference from current COVID-19 temporary waiver.
Recertification of eligibility for hospice care	Extension of waiver on the use of telehealth to continue to be used an additional 151 days after the PHE is declared over.	No difference from current COVID-19 temporary waiver.

OTHER TELEHEALTH POLICY ISSUE	
ISSUE	**CHANGE MADE BY BUDGET BILL**
In post-PHE environment, requirement of an in-person visit before a mental health visit via telehealth takes place when not meeting geographic and site requirements imposed on telehealth for Medicare program (Includes FQHCs, RHCs and audio-only requirement)	Delay requirement 151 days after the PHE is declared over.
Concern over fraud/waste and utilization	MedPAC will do a report for Congress on utilization and other issues in Medicare/OIG will do a report on fraud and waste. Due to Congress June 2023

MARCH 15, 2022

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What **Stays** After the PHE?

What stays permanently:

Medicare reimbursement for eligible telehealth services when the patient is located in a geographically rural area AND in an eligible originating site (i.e. in most cases not the home).

- Medicare reimbursement for mental health telehealth services (including audio-only services in some cases), provided that there is an in-person visit within the first six months of an initial telehealth visit and every 12 months thereafter. Implementation of this in-person requirement is delayed for 151 days.

- Medicare reimbursement to federally qualified health centers and rural health clinics, although it will no longer be billed the same or for 'telehealth' specifically. CMS has redefined a 'mental health visit' to now include encounters furnished through interactive, real-time telecommunications technology (which will include audio-only delivery in some cases) for a mental health disorder.

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Insight from CCHP on Telehealth Policies Impacted by Anticipated Upcoming End to PHE…. and, much more! (mailchi.mp)

What **Goes**
After the PHE?

What goes right away :

- Reimbursement of some Medicare telehealth services will expire when the PHE ends (such as group psychotherapy and phone E/M codes 99441-99443) , others have been extended through the end of 2023 (such as some occupational and physical therapy service codes, emergency department visit, and nursing facility discharge day). See CMS telehealth service list for exact codes.

- During the emergency, providers were able to prescribe controlled substances without an in-person examination. This flexibility will expire with the end of the PHE, requiring providers to adhere to strict rules. In most cases this will require a patient to be located in a doctor office or hospital registered with the DEA to be prescribed a controlled substance via telehealth.

Medicare Learning Network Telehealth Fact Sheet

mln
BOOKLET

PRINT-FRIENDLY VERSION

KNOWLEDGE · RESOURCES · TRAINING

TELEHEALTH SERVICES

Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

- Published Annually Short Read
- Eligible Originating and Distant Sites
- Eligible Providers
- Telehealth Services by HCPCS/CPT Code
- Most basic services usually allowed
- Many screening and prevention services allowed

Telehealth Services (cms.gov)

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

List of Medicare Telehealth Services Example

[List of Telehealth Services | CMS](#)

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		LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2022 - updated January 5, 2022		
Code	**Short Descriptor**	**Status**	**Can Audio-only Interaction Meet the Requirement**	**Medicare Payment Limitations**
0362T	Bhv id suprt assmt ea 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
0373T	Adapt bhv tx ea 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
77427	Radiation tx management x5	Temporary Addition for the PHE for the COVID-19 Pandemic		
90785	Psytx complex interactive		Yes	
90791	Psych diagnostic evaluation		Yes	
90792	Psych diag eval w/med srvcs		Yes	
90832	Psytx w pt 30 minutes		Yes	
90833	Psytx w pt w e/m 30 min		Yes	
90834	Psytx w pt 45 minutes		Yes	
90836	Psytx w pt w e/m 45 min		Yes	
90837	Psytx w pt 60 minutes		Yes	
90838	Psytx w pt w e/m 60 min		Yes	
90839	Psytx crisis initial 60 min		Yes	
90840	Psytx crisis ea addl 30 min		Yes	
90845	Psychoanalysis		Yes	
90846	Family psytx w/o pt 50 min		Yes	
90847	Family psytx w/pt 50 min		Yes	
90853	Group psychotherapy		Yes	
90875	Psychophysiological therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Non-covered service
90951	Esrd serv 4 visits p mo <2yr			
90952	Esrd serv 2-3 vsts p mo <2yr			
90953	Esrd serv 1 visit p mo <2yrs	Available up Through December 31, 2023		
90954	Esrd serv 4 vsts p mo 2-11			
90955	Esrd srv 2-3 vsts p mo 2-11			
90956	Esrd srv 1 visit p mo 2-11	Available up Through December 31, 2023		
90957	Esrd srv 4 vsts p mo 12-19			
90958	Esrd srv 2-3 vsts p mo 12-19			
90959	Esrd serv 1 vst p mo 12-19	Available up Through December 31, 2023		
90960	Esrd srv 4 visits p mo 20+			
90961	Esrd srv 2-3 vsts p mo 20+			
90962	Esrd serv 1 visit p mo 20+	Available up Through December 31, 2023		
90963	Esrd home pt serv p mo <2yrs			
90964	Esrd home pt serv p mo 2-11			
90965	Esrd home pt serv p mo 12-19			
90966	Esrd home pt serv p mo 20+			
90967	Esrd svc pr day pt <2			

Telehealth_Updated_05Jan2022

Center for Connected Health Policy

CCHP Releases Updated 2022 Telehealth Billing Guide (mailchi.mp)

UMTRC Billing Resources

https://www.umtrc.org/clientuploads/Resources/umtrc-billing-July_V._2.pdf

Telehealth Billing Breakdown fact sheet. Text visible in the image:

Telehealth Billing Breakdown

Billing for telehealth can be confusing.

It differs across each private payer, from state to state, across location types, and there are at the least annual policy changes affecting telehealth billing and reimbursement. The Upper Midwest Telehealth Resource Center (UMTRC), serving IN, IL, MI, and OH, is here to help navigate this complicated space.

Below is a quick break down of the basics to get acquainted with telehealth billing. For more in depth information, check out umtrc.org or cchpca.org.

Common Telehealth Billing Language

CPT — Current Procedural Terminology: A medical code set to report medical, surgical, and diagnostic procedures and services.

GT — Interactive Audio and Video Telecommunications: Tells the payer that a provider delivered service via telemedicine.

GQ — Used for telehealth service rendered via asynchronous telecommunications system – store-and-forward.

POS 02 — Place of Service: The location where health services are provided or received through a telecommunication system.

95 — Synchronous telemedicine service via a real-time interactive audio and video telecommunications system.

G0 — Acute stroke telehealth services.

Originating Site: Where the patient is located
CMS Recognizes: POS 02, GT, GQ, G0

IL + MI Recognizes: GT + POS 02
OH Recognizes: Procedure Code + GT + modifies showing patient location + POS code of treating practitioner

Distant Site: Where the practitioner providing care is located
Private Payers Recognize: GT, 95

MEDICARE: 95 + POS as if in person
IN Recognizes: Procedure Code + POS 02 + Modifier 95; GT optional

@umtrc.org   @UMTRC

Please note that this is not legal advice and the UMTRC advises seeking instructions for your specific program area or provider type for further clarification.

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This publication was made ... ces Administration, DHHS.

Questions?

Contact- Cameron Hilt
chilt@indianarha.org

Your Feedback is Valuable

Questions

On a scale of 1 to 5 where 5 represents "Very Satisfied" and 1 represents "Very Dissatisfied", indicate your level of satisfaction with this session.
    5-Very Satisfied
    4-Somewhat Satisfied
    3-No opinion
    2-Somewhat Dissatisfied
    1-Very Dissatisfied

Qsource.

Thank You

Visit us online at qsource.org/qio