

Michigan Department of Health and Human Services

Medicaid Telemedicine Policy, Response to COVID-19 & Next Steps

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Presentation Overview

- Michigan Medicaid Telemedicine Overview
- Overview of New Telemedicine Policy Bulletins
- Telemedicine Utilization
- Ongoing Telemedicine Policy Priorities/Next Steps

Michigan Medicaid Telemedicine: The Basics

- •MDHHS aligns the definition of telemedicine with Section 3476 of the Insurance Code of 1956, 1956 PA 218 MCL 500.3476, as updated on June 24, 2020.
- •Originating sites—beneficiary location (physician offices, hospitals, clinics), Distant site—provider location (provider office)
- •Originating and distant site provider must ensure the privacy of the beneficiary as well as the security of any information shared via telemedicine (in compliance with HIPAA).
- Beneficiary Consent and contingency plans must be established and maintained.
- •Services allowed include basic office visits, behavioral change interventions, ESRD treatments, SUD services, etc.

Overview of New Medicaid Policy Bulletins

MSA 20-09 (permanent policy)

- Expanded originating (beneficiary location) sites to include Local Health Departments, Home and other sites considered appropriate by the provider
- Relaxed the distant site (provider location) requirements to locations considered appropriate by the provider, so long as privacy and security is maintained.
- Allowed for FQHCs and RHCs to receive PPS reimbursement when they function as the distant site

MSA 20-34 (COVID-19 Response)

 Allows reimbursement for FQHCs/RHCs/THCs at the Prospective Payment System (PPS) or All-Inclusive Rate (AIR) when the provider is at home and when audio only mechanisms are used

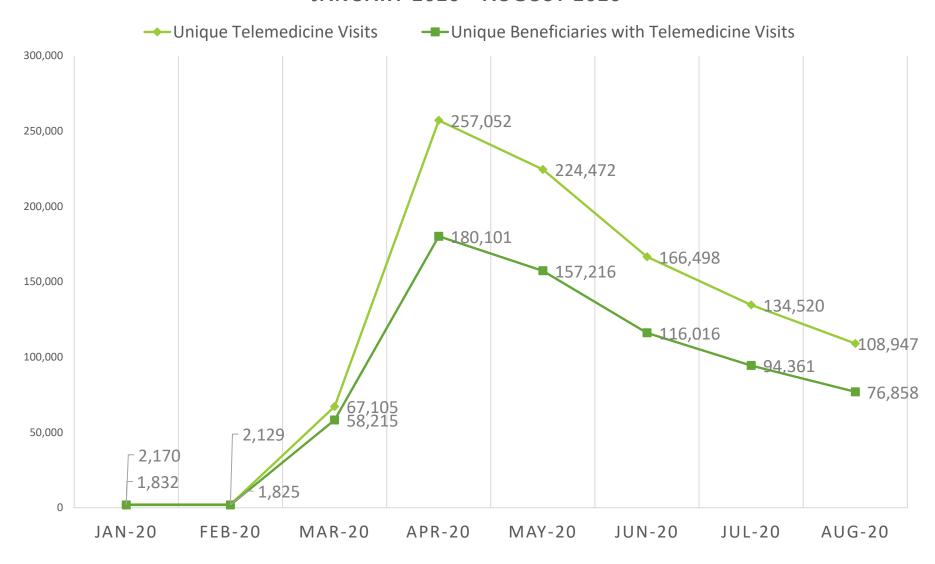
MSA 20-13 (COVID-19 Response)

 Allows the codes listed on the telemedicine database to be performed via audio only (when/if audio/visual is not possible)

Overview of New Medicaid Policy Bulletins (Continued)

- MSA 20-22 (COVID-19 Response)
 - Allows Physical Therapy, Occupational Therapy and Speech Therapy to be performed via simultaneous audio/visual
- MSA 20-21 (COVID-19 Response)
 - Allows dental services (for a limited oral exam) to performed via simultaneous audio/visual or audio only
- MSA 20-42 (COVID-19 Response)
 - Ensures that reimbursement for telemedicine services remain at the non-facility rate until further notice (so as not to adversely affect providers by changing to the lower facility rate).
- MSA 20-53 (COVID-19 Response)
 - Expanded telemedicine to audiology services.

TELEMEDICINE VISITS FOR FEE-FOR-SERVICE, INTEGRATED CARE ORGANIZATION, AND MANAGED CARE BENEFICIARIES JANUARY 2020 - AUGUST 2020



Looking Ahead: Telemedicine Policy Priorities

- Ensuring beneficiary privacy and security is established/maintained.
- 2. Ensuring effectiveness of service for beneficiaries (are telemedicine visits at least as effective as in person)
- 3. Maintaining appropriate access (the right visit, for the right beneficiary, at the right time)
- 4. Ensuring appropriate beneficiary choice (initial services and ongoing blend of services)
- 5. Ensuring Providers are utilizing telemedicine appropriately
- 6. Value considerations—are we seeing that telemedicine visits are yielding desired outcomes on quality measures. Are health outcomes improving, or at least remaining consistent with in person.

Telemedicine Policy Workgroup/Next Steps

Group consisting of representatives from across MDHHS

Created to assess telemedicine policy in light of recent changes and COVID-19 Response

Products: Updated Medicaid Provider Chapter (addressing all types of telemedicine) and Provider Tools for ongoing use of telemedicine post pandemic

Seeking stakeholder input for long term changes

MDHHS Telemedicine Resources

Medicaid Provider Information www.Michigan.gov/medicaidproviders

- Medicaid Provider Manual
- Medicaid Policy Bulletins
- Billing and Reimbursement
 - Telemedicine Database
 - COVID-19 Database (Temporary)

Questions?

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