



Michigan Department of Health and Human Services

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

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October 9, 2020

Presentation Overview

- Michigan Medicaid Telemedicine Overview
- Overview of New Telemedicine Policy Bulletins
- Telemedicine Utilization
- Legislative Highlights and MDHHS Response
- 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.
 - “Telemedicine” means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.
- Compliance with HIPAA).
- Beneficiary Consent and established contingency plans must be established and maintained.

Services allowed via Telemedicine (Telemedicine database)

Office or other outpatient visits	Subsequent hospital care
Inpatient consultations	Behavioral Health &/ or Substance
End Stage Renal Disease (ESRD) services	Psychiatric diagnostic procedures
Behavior change interventions	Nursing facility subsequent care
Diabetes Self-Management Training	Remote Retinal Imaging, Dx and management
Telehealth Site Facility Fee (only originating site allowed)	Physical Therapy, Occupational Therapy, Speech Therapy (per MSA 20-22: COVID-19 Response)
Dentistry—Limited Oral Exam (MSA 20-21)	

MSA 20-13 (COVID-19 Response): Allowed Services listed on the telemedicine Database to be performed via telephone (audio) only.

COVID-19 Response Database: Created to allow additional services during pandemic

Overview of Telehealth 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)

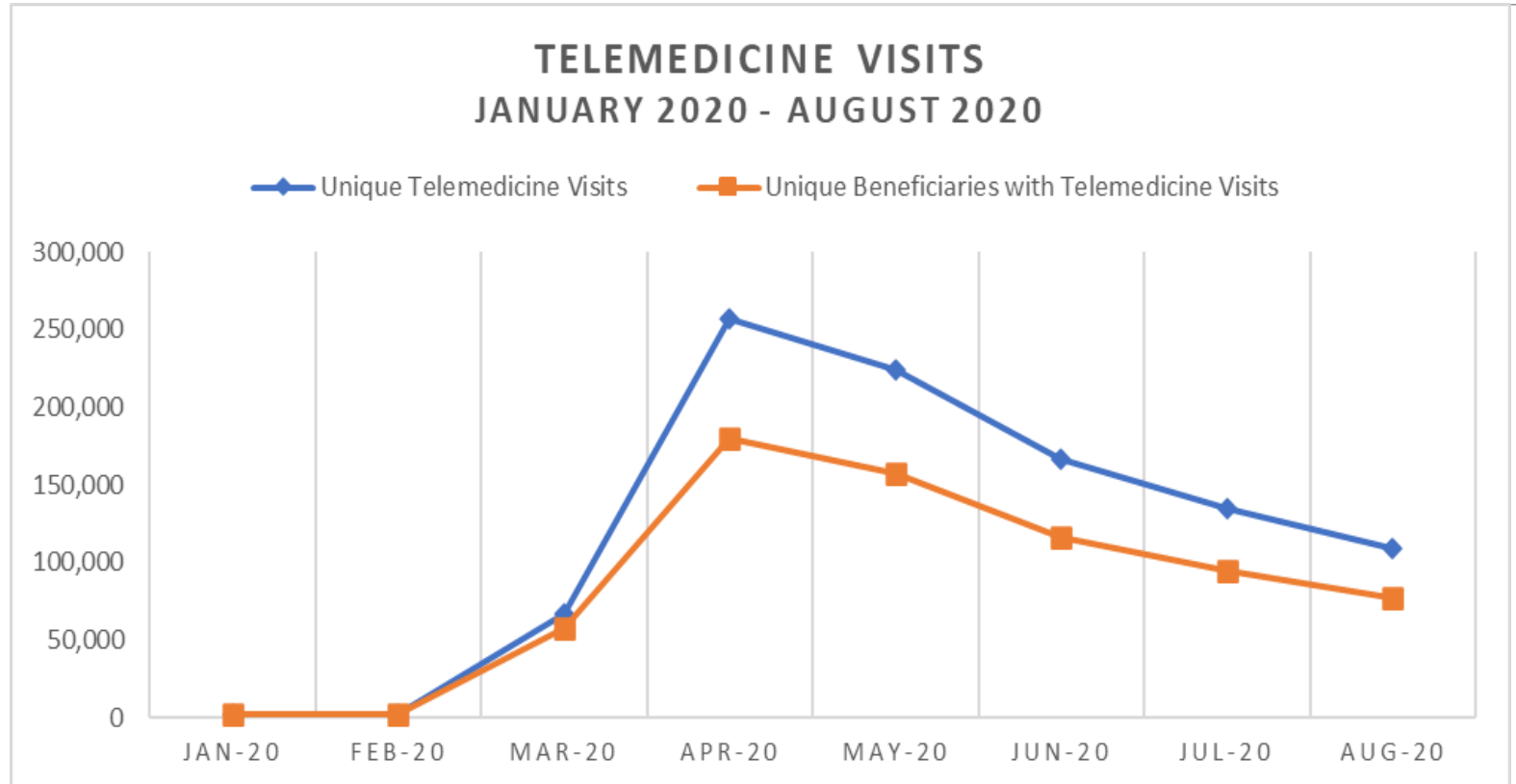
- MSA 20-22 (COVID-19 Response)
 - Allows Physical Therapy, Occupational Therapy and Speech Therapy to be performed via simultaneous audio/visual.

- 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).



Medicaid Telemedicine Utilization

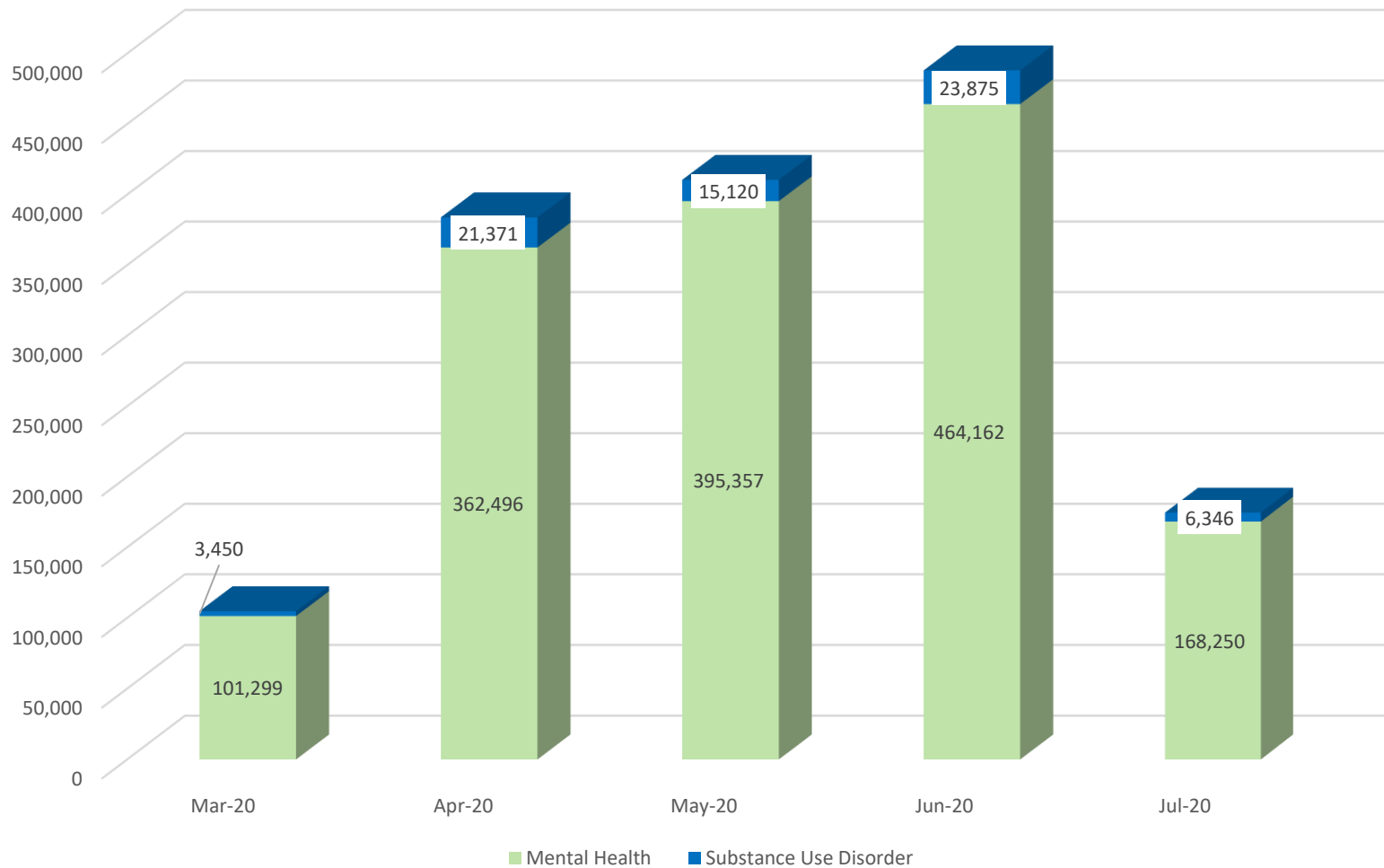


Telemedicine by Provider Subspecialty (top 15)

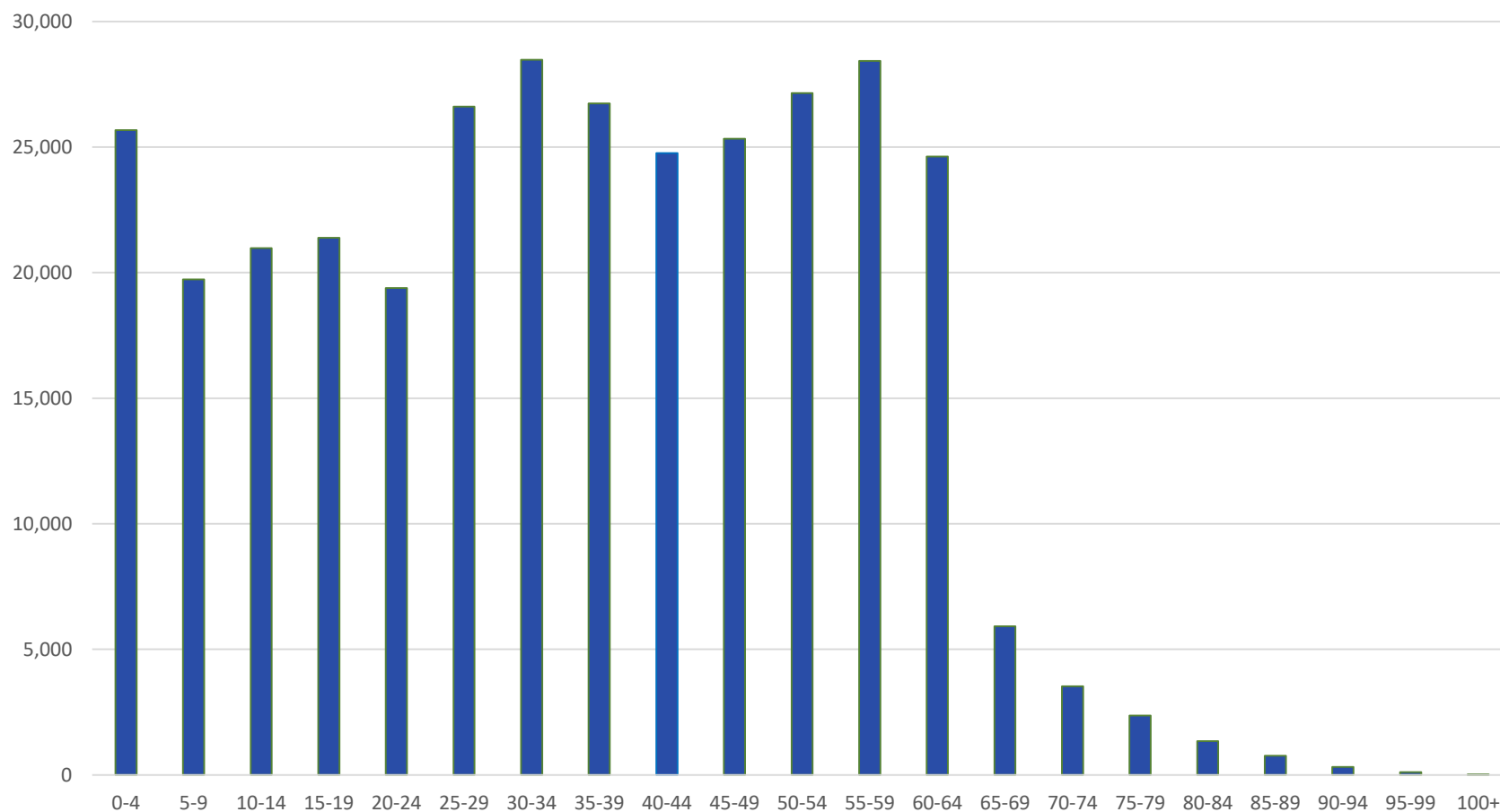
Unique Telemedicine Visit Counts by Provider Specialty

Provider Specialty	Sum of Unique Telemedicine Visits
Internal Medicine	102,012
Family Medicine	89,329
Social Worker (Masters Level)	72,710
Federally Qualified Health Center (FQHC)	61,339
Professional Counselor	48,216
General Practice	44,029
Pediatrics	43,631
Psychiatry & Neurology	43,270
Nurse Practitioners	41,511
Licensed Psychologists	24,747
Physician Assistants	21,949
Maternal and Infant Health Program	16,977
Rural Health Clinic (RHC)	12,708
School Based Services	11,337
Medical	10,612

Telemedicine Usage (Unique Visits) for those with Moderate to Severe Mental Illness



Unique Beneficiaries with Telemedicine Visits between January 1, 2020 and July 31, 2020 by Age Range



Legislative Highlights

HB 5414

- Amends the definition of telemedicine in the Mental Health code to: “**Telemedicine** means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a HIPAA-compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.”

HB 5412 and 5413

- Amend the definition of “telemedicine” in the Insurance Code and the Nonprofit Health Care Corporation Reform act, align it with the definition in 5414.

Michigan Medicaid is ensuring telemedicine policy definition is aligned with the insurance Code/Nonprofit Health Code/Mental Health Code, beginning with MSA 20-09 (March 2020) and continuing in perpetuity.

Legislative Highlights (cont'd)

HB 5415

- Require the Department of Health and Human Services (DHHS) to provide coverage for ***remote patient monitoring services*** through the medical assistance program and Healthy Michigan program under the act.

Michigan Medicaid has provided coverage for Remote Patient Monitoring Services since 1/1/19 and will continue to add services as appropriate.

HB 5416

- Beginning October 1, 2020, telemedicine services be covered under the medical assistance program and Healthy Michigan program if the originating site were an in-home or in-school setting, in addition to any other originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider.

Michigan Medicaid expanded coverage of “home” and “other site considered appropriate by the provider” in March 2020. School has been an allowable originating site for over 5 years.

Looking Ahead: Telemedicine Policy Guiding Principles

1. Ensuring beneficiary privacy and security is established/maintained.
2. Ensuring effectiveness of service for beneficiaries
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 - yielding desired outcomes

Telemedicine Policy Workgroup/Next Steps

Internal MDHHS workgroup

Assess telemedicine policy - 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

Plan to seek stakeholder input for long term changes



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