Provider Engagement & Education During the Public Health Emergency (PHE)

January 22, 2021

Center for Connected Health Policy
The National Telehealth Policy Resource Center

CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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About CCHP

- Established in 2009 by the California Health Care Foundation
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012
- Work with a variety of funders and partners

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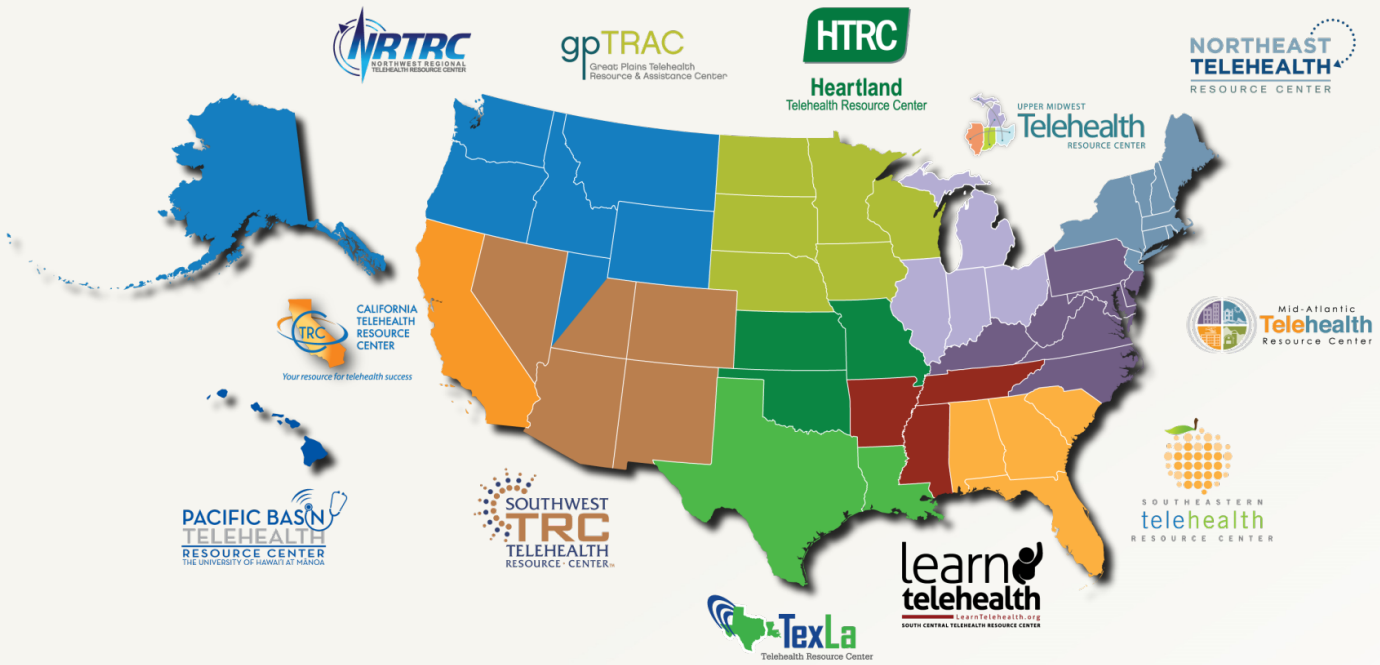
NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



TTAC TelehealthTechnology.org

Center for Connected Health Policy

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

TRC

TELEHEALTH RESOURCE CENTERS

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The CCHP Team

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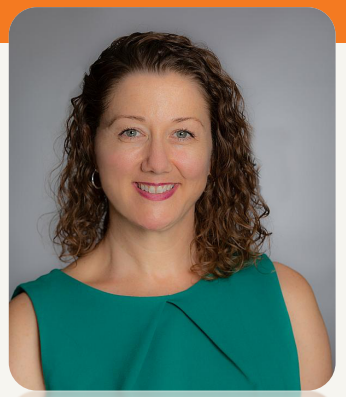
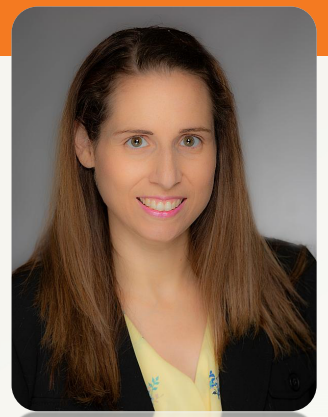
Executive Director



Laura Stanworth
Deputy Director



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Telehealth & Medicaid: A Policy Webinar Series

Image source: American Psychological Association

January 29, 2021: Patient Education & Engagement

February 5, 2021: What's Next? A Roadmap for Medicaid Telehealth Policy Beyond the Pandemic

Follow the discussion!
@CCHP
#MedicaidTelehealthCCHP

This webinar series was made possible by grant number GA5RH37470 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, U.S. Department of Health & Human Services.

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Today's Webinar

Presentation #1: Telehealth in NV Medicaid

DuAne Young, MS, Deputy Administrator, Medical Programs and Community Based Services, Nevada Division of Health Care Financing and Policy (Nevada Medicaid)

Presentation #2: "Zooming" Ahead: Meeting Providers Where They Are

Shannon Dowler, MD, Chief Medical Officer, North Carolina Department of Health and Human Services

Presentation #3: Telehealth & Ohio Medicaid

Nicole Small, MBA, Health Systems Administrator, Policy Management & Development Ohio Medicaid

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Steve Sisolak
Governor

Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Telehealth

Division of Health Care Financing and Policy (DHCFP)

DuAne L. Young, MS

Telehealth

The use of a telecommunications system to substitute for an in-person encounter for professional consultations, office visits, office psychiatry services and a limited number of other medical services.

Who Can Practice Telehealth?

- Providers are required to maintain best practice standards and perform services via telehealth that are clinically appropriate and within the scope of practice of the healthcare provider as defined by the licensing board.

- Nevada Assembly Bill 292 in 2015 allowed for reimbursable telehealth services within Medicaid and other payors.

Nevada Medicaid Policy

- All other policies and requirements are the same for telehealth services (such as prior authorization requirements)
- Services must be clinically appropriate and within the scope of practice of the provider
- Services have parity with in-person health care services
- Services must be delivered via HIPAA compliant audio-visual telecommunications systems
- A tele-presenter is not required as a condition of reimbursement

Non-Covered Services

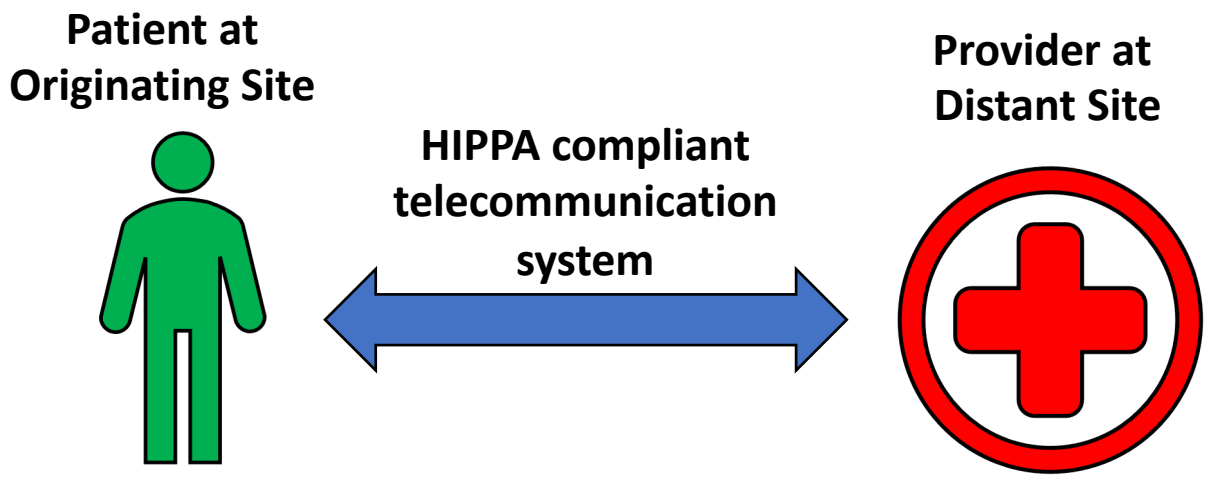
A. Telephone calls; (with the exception of crisis services)
B. Images transmitted via facsimile machines (faxes);
C. Text messages;
D. Electronic mail (email)

Non-Covered Services Cont.

- The following services must be provided in-person and are not considered appropriate services to be provided via telehealth:
  - Basic Skills Training (BST)
  - Psychosocial Rehabilitation (PSR)
  - Personal Care Services (PCS)
  - Home Health Services
  - Private Duty Nursing (PDN) Services

Originating Site vs Distant Site

- **Originating Site**
  - The location that the patient is receiving telehealth services from (patient's home, school, another clinic).
  - Must be located within Nevada (or catchment area)
- **Distant Site**
  - The location of the healthcare professional who is providing the telehealth service



How to Bill for Telehealth

- **Originating Site**
  - Billed by Medicaid enrolled facility, clinic, office, etc.
  - HCPCS Code Q3014 with Place of Service (POS) code 02
  - Cannot be billed if the recipient is at home
- **Distant Site**
  - Billed by Servicing Provider
  - Bill most appropriate CPT/HCPCS Code with POS code 02

Note: The same provider cannot bill the both the Originating Site and Distant Site

COVID-19 State of Emergency Changes

- During COVID-19 Nevada Medicaid and the Federal Government have relaxed some of the telehealth requirements
  - Can be provided by a non-HIPAA compliant platform such as Skype, FaceTime, Audio only.
  - Nevada Medicaid has temporarily lifted the telephonic restrictions per Centers for Medicare & Medicaid Services (CMS) guidance.
  - Placing no restrictions on the use of telehealth for group therapy.
  - Allowing telehealth to be utilized for physical therapy (PT), occupational therapy (OT) and speech therapy (ST) while maintaining visual sight of the recipient.
  - Applied Behavior Analysis (ABA) supervision, assessment and parent training can be conducted via telehealth in addition to one-on one Adaptive Behavior Treatment.
  - Allowing Home Health Agencies and Hospice Agencies to conduct initial and recertification assessment in addition to waiving the requirement for a nurse to conduct an on-site visit every two weeks. Services provided via telehealth must maintain audio and visual modalities, telephone only is not allowed.
  - Psychosocial Rehabilitation (PSR) services will be permitted for individuals under the age of 18 using audio and visual communication.

COVID-19 State of Emergency Changes cont.

- Nevada Medicaid's COVID-19 Response Webpage
  - http://dhcfp.nv.gov/covid19/
    - Link to 3/17/20 Memo - Federal guidance temporarily lifting the telephonic restriction.
    - Link to 3/19/20 Memo - Placing no restrictions on the use of telehealth for group therapy sessions.
    - Link to 3/27/20 Memo - Allowing telehealth for PT, OT, ST.
      Allowing supervision, assessments and parent training via telehealth for ABA.
    - Link to 4/15/20 Memo - Allowing Home Health Agencies and Hospice Agencies to use telehealth for initial and recertification assessments.
    - Link to 4/28/20 Memo – PSR services can be conducted utilizing audio-visual communication for individuals under the age of 18.
    - Link to 5/26/20 Memo – For ABA, allowing one-on one Adaptive Behavior Treatment via visual modality.

- Please continue to check the COVID-19 Webpage for further updates.

Resources

- Medicaid Services Manual (MSM), Chapter 3400- Telehealth Services

http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C3400/Chapter3400/

- Nevada Medicaid Billing Guide- Telehealth

https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_Telehealth.pdf

- DHCFP Telehealth Resource Guide

http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/CPT/COVID-19/Telehealth%20Resource%20Guide_ADA.pdf

- Medicaid.gov Telemedicine Resource Guide

https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html

- Telehealth Resource Center

https://www.telehealthresourcecenter.org/who-your-trc/

- National Frontier and Rural Telehealth (NFARtec) Education Center

https://www.nfartec.org/technology-based-supervision-guidelines/

- Mental Health Technology Transfer Center (MHTTC) Network

https://mhttcnetwork.org/

Contact Information

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Deputy Administrator

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dyoung@dhcfp.nv.gov

Acronyms

- **ABA-** Applied Behavior Analysis
- **BST-** Basic Skills Training
- **CMS –** Centers for Medicare & Medicaid Services
- **CPT-** Current Procedural Terminology
- **DHCFP-** Division of Health Care Financing and Policy
- **DME-** Durable Medical Equipment
- **HCPCS –** Healthcare Common Procedure Coding System
- **HIPAA-** Health Insurance Portability and Accountability Act
- **MSM-** Medicaid Services Manual
- **NFARtec**- National Frontier and Rural Telehealth
- **OT-** Occupational Therapy
- **PCS-** Personal Care Services
- **PDN-** Private Duty Nursing
- **POS-** Place of Service
- **PSR-** Psychosocial Rehabilitation
- **PT-** Physical Therapy
- **ST**- Speech Therapy

Questions?

Please submit questions using the Q&A function.

Zooming Ahead!

Meeting Providers Where They Are

Shannon Dowler, MD

Chief Medical Officer NC Medicaid

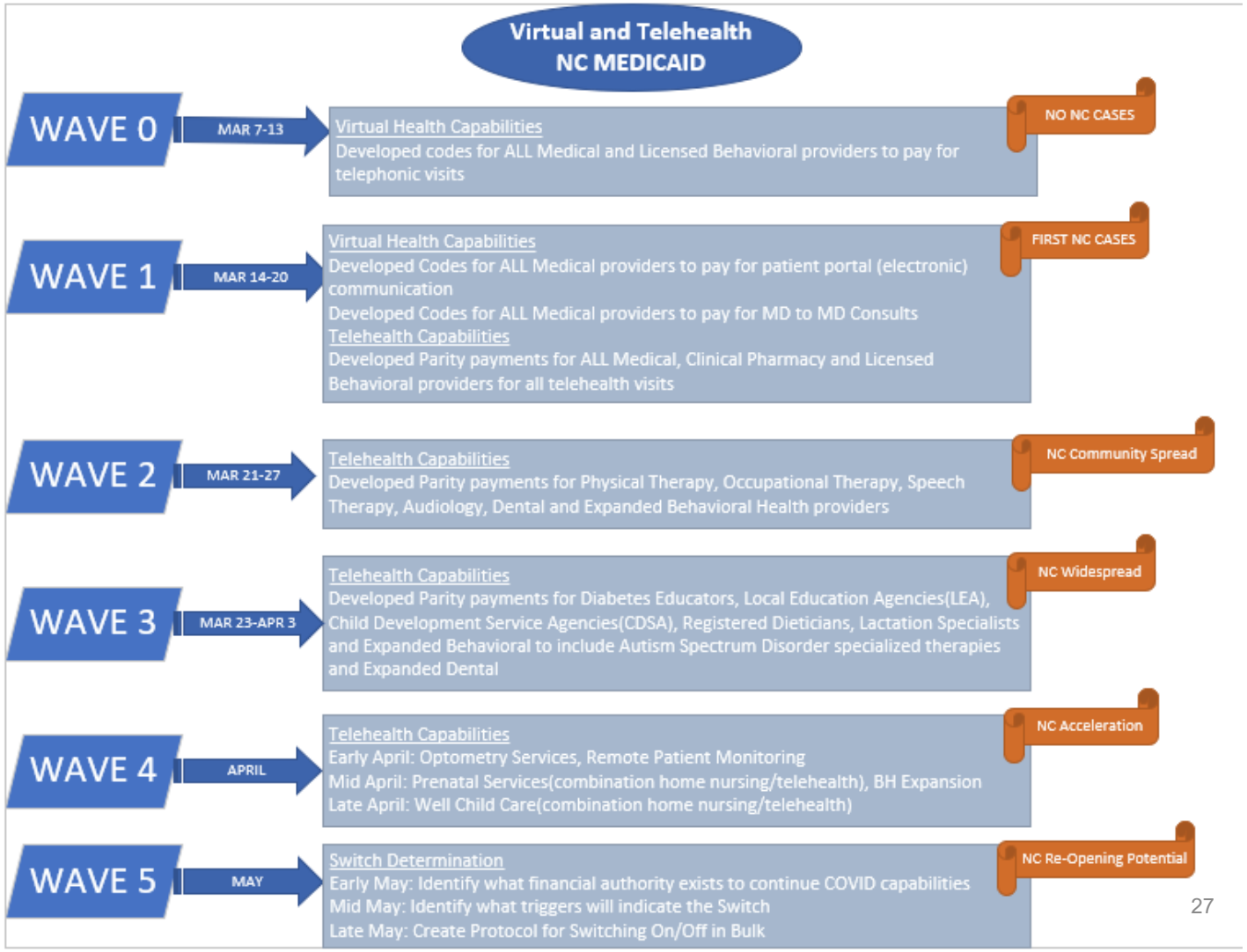
January 2021

Looking Back, What Worked in NC

1. Transparency
2. Bidirectional Communication
3. Giving Back
4. Asking for Help
5. Celebrating

TRANSPARENCY

PHASE 1
March 1-15
PHASE 2
March 16-31
PHASE 3
Early Refils
90 Day Supply
Extend Emergency Supply
Move to preferred if shortages
Reimburse telephonic medical
Reimburse telephonic therapy and psychiatry
Allow PASSAR to be telephonic
Allow PACE to implement emergency
DME:
Remove PA on respiratory supplies
Remove limits on certain supplies such as gloves, masks, incontinence, etc...
Appendix K:
Submit to CMS CAP-C, CAP-DA, TBI, Innovations
Disaster Spa Preparation
Pharmacy:
Remove BH edits
Add PA for experimental COVID drugs
Continue to monitor shortages
Virtual Health:
Allow payment portal communication
Allow payment MD to MD Consult
Expand telephonic payment to FHQC/RHC BH
Appendix K Edit and Resubmission, Limited Early Implementation
DME:
Allow BP monitors for home use
Remove PA for Home Respiratory Therapy
Remove PA for CT chest
Telehealth:
Wave 1: Expansion Medical, Clinical Pharmacy, Psychiatry Broad policy revision including allowance FQHC/RHC Distant Site
Wave 2: Specialized Therapies(PT/OT/ST/ Audiology), Dental
Wave 3: LEA, CDSA, DM Educators, Dieticians/ Lactation, Expand ASD Services
1135 Waiver Submission, Edit and Resubmission, Approval
1115 Waiver Submission, Edit and Resubmission, Approval
LTSS:
Expand home infusion therapy
Expand Home Health Limits for nurses/aides
Extend current PA's for Personal Care(PCS)
Allow telephonic new and COS(PCS)
Extend PA Children at home due to school closures, Adults and Children STI hour(PDN)
Disaster Spa Submission
Pharmacy:
Extend Stimulants and MAT 90 day supply
Allow home delivery service medications
Tele-Health
Wave 4: Well Child, Prenatal Care, Non Licensed Behavioral Health Providers
Consider additional outpatient services for audiology, respiratory therapy, swallowing and feeding evaluations, dental, psych/neuropsychiatric testing, podiatry
1135 Waiver Implementation
DME:
Consider provision of scales and fetal doppler for pregnant women/select health conditions
Provision pulse oximeter for COVID home care
DEPLOYED



Each wave paired with provider facing webinar for education and special bulletin.

RED DENOTES SERVIVES LIKELY DISCONTINUED POST PANDEMIC

Virtual and Telehealth NC MEDICAID

WAVE 0

Virtual Health Capabilities
Developed codes for ALL Medical and Licensed Behavioral providers to pay for telephonic visits:
ANTICIPATE DISCONTINUING TELEPHONIC REIMBURSEMENT

WAVE 1

Virtual Health Capabilities
Developed Codes for ALL Medical providers to pay for patient portal (electronic) communication
Developed Codes for ALL Medical providers to pay for MD to MD Consults
Telehealth Capabilities
Developed Parity payments for ALL Medical, Clinical Pharmacy and Licensed Behavioral providers for all telehealth visits
ANTICIPATE CONTINUING OF TELEHEALTH PARITY AND FQHC REIMBURSEMENT

WAVE 2

Telehealth Capabilities
Developed Parity payments for Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, Dental and Expanded Behavioral Health providers
ANTICIPATE DISCONTINUING TELETHERAPY REIMBURSEMENT
ANTICIPATE CONTINUING SOME TELEDENTAL AND TELEBH

WAVE 3

Telehealth Capabilities
Developed Parity payments for Diabetes Educators, Local Education Agencies(LEA), Child Development Service Agencies(CDSA), Registered Dieticians, Lactation Specialists and Expanded Behavioral to include Autism Spectrum Disorder specialized therapies and Expanded Dental
ANTICIPATE DISCONTINUING WAVE 3 REIMBURSEMENT

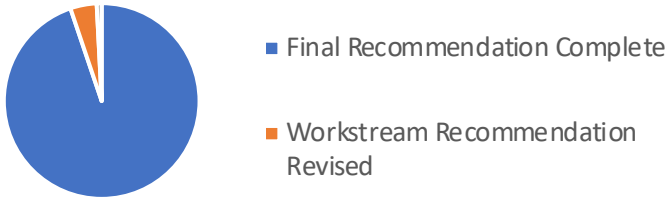
WAVE 4

Telehealth
Early April: Optometry Services, Remote Patient Monitoring
Mid April: Prenatal Services(combination home nursing/telehealth)
Late April: Well Child Care(combination home nursing/telehealth)
ANTICIPATE DISCONTINUING TELEHEALTH WELL CARE

The Department analyzed 367 flexibilities across multiple functional areas. LME-MCO team further updated their recommendation on 16 flexibilities. The summary tables below provide insight into the current round 1 Recommendation status.

Circuit Breaker Recommendations	#	%
Recommended Keep	43	11.7%
Recommend keep with changes	68	18.5%
Consider Keep	4	1.1%
Recommend to not keep	252	68.7%
Grand Total	**367**	**100.0%**

Status of Circuit Breaker Recommendations	#	%
Final Recommendation Complete	348	95%
Workstream Recommendation Revised	16	4%
Workstream Recommendation Complete	3	1%
Grand Total	**367**	**100%**



Workstream Recommendations	#	%
Benefits	**121**	**33.0%**
Recommended Keep	14	3.8%
Recommend keep with changes	39	10.6%
Consider Keep	3	0.8%
Recommend to not keep	65	17.7%
Finance and Rate Setting	**20**	**5.4%**
Recommended Keep	6	1.6%
Recommend keep with changes	3	0.8%
Recommend to not keep	11	3.0%
LME-MCO	**200**	**54.5%**
Recommended Keep	19	5.2%
Recommend keep with changes	24	6.5%
Consider Keep	1	0.3%
Recommend to not keep	156	42.5%
Member Services	**8**	**2.2%**
Recommend to not keep	8	2.2%
Pharmacy	**9**	**2.5%**
Recommended Keep	3	0.8%
Recommend to not keep	6	1.6%
Provider Operations	**6**	**1.6%**
Recommend to not keep	6	1.6%
Command Center	**2**	**0.5%**
Recommend keep with changes	2	0.5%
Contact Center	**1**	**0.3%**
Recommended Keep	1	0.3%
Grand Total	**367**	**100.0%**

Bidirectional Communication

COVID-19 Medicaid Provider Outreach

March-June: Total Webinars 87 webinars with 37,071 participants statewide.

COVID-19 Provider Outreach

March 2020 – June 2020, we hosted weekly webinars to provide Medicaid guidance and updates to providers.

Total Webinars 87 webinars with 37,071 participants statewide.

Webinars with largest attendance March – June 2020

Healthcare Professional Webinar Series	DHHS Ambulatory Testing & Management Guidance Webinar	LHD Call for COVID-19 Response webinar series	COVID-19 Update for Long Term Care Settings	DPH and NC AHEC Weekly Forum for Providers
Purpose: NC Medicaid, CCNC, and NC AHEC weekly webinar series addresses Medicaid policies, new options for telephonic and telehealth delivery, and response to the changing demands of COVID-19. ***Starting March 8, 2020 - Every Thursday 5:30pm – 6:30pm*** https://www.ncahec.net/covid-19/webinars/	**Purpose:** Share Triage, Assessment, Updated testing Guidance, and Payer Alignment: Utilizing Virtual and Telehealth ***March 24, 2020 5:30pm – 6:30pm***	***Purpose:*** Discuss COVID-19 updates, logistics, questions and answer. ***Weekly on Tuesday starting March 31, 2020 1:00pm – 2:15pm***	***Purpose:*** Discuss LTC Vaccination and Infection Prevention Best Practices. NC DHHS has a weekly written briefing on COVID-19 activity related to long-term care settings. ***Weekly on Thursdays starting May 14, 2020 10:00am – 11:00am***	**Purpose:** During the forums, Subject Matter Experts from DPH will provide a quick update on any new developments and will then respond to questions received before or during the forum. ***Weekly on Fridays starting March 13, 2020 12:30pm -1:30pm***
Total Webinars: 9 Total Participants: 6,489	Total Webinars: 1 Total Participants: 3,067	Total Webinars: 13 Total Participants: 7, 931	Total Webinars: 4 Total Participants: 3,715	Total Webinars: 11 Total Participants:3, 003

Email and Web Access

For more information visit our websites:
www.ncdhhs.gov/coronavirus
www.ncdhhs.gov/divisions/public-health/covid19

General COVID-19 Questions:
Call NC Poison Control COVID-19 hotline at 866-462-3821.

Comments, questions and feedback are welcome at:

- www.ncdhhs.gov/divisions/mhddsas
- BHIDD.COVID.Qs@dhhs.nc.gov
- Medicaid.COVID19@dhhs.nc.gov

https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/covid-19-special-medicaid-bulletins

COVID-19 Special Medicaid Bulletins

- SPECIAL BULLETIN COVID-19 #152: Billing Guidance for COVID-19 Vaccines - Jan. 21, 2021
- SPECIAL BULLETIN COVID-19 #151: Laboratory Codes for COVID-19 Testing - Jan. 19, 2021
- SPECIAL BULLETIN COVID-19 #150: UPDATE to NC Medicaid Cost Report Filing Extensions - Jan. 15, 2021
- SPECIAL BULLETIN COVID-19 #149: COVID-19 Relief Fund Payments for Dental Providers - Jan. 14, 2021
- SPECIAL BULLETIN COVID-19 #148: Pfizer-BioNTech COVID-19 Vaccine (N/A) HCPCS Code 91300: Billing Guidelines - Jan. 6, 2021
- SPECIAL BULLETIN COVID-19 #147: Moderna COVID-19 Vaccine (N/A) HCPCS code 91301: Billing Guidelines - Dec. 29, 2020
- SPECIAL BULLETIN COVID-19 #146: Update on CARES Act-Funded Payments to Nursing Facility Providers and Availability of Extension Funding - Dec. 30, 2020

Providers

COVID-19 Guidance & Resources for Medicaid Beneficiaries

COVID-19 Policy Flexibilities

COVID-19 Questions & Answers

COVID-19 Related Services for Uninsured Individuals

COVID-19 Special Medicaid Bulletins

COVID-19 Telehealth

COVID-19 Webinars

Status Reporting for Reimbursement

PARTNERS ACROSS DHHS

- DMH/DD/SAS partnered with DHB and DSOHF on weekly calls to share COVID information/answer questions
  - 1 for consumers
  - 1 for guardians/family members
  - 1 for providers)
- Regular provider trainings on telehealth and other flexibilities, with joint participation from DMHDDSAS and DHB, with support from providers who are leaders/SMEs re: use of telehealth in BH/IDD populations
- Dedicated email boxes through DHHS for COVID related questions for BH/IDD beneficiaries and for providers – and a joint process for answering these questions
- Rapidly developed flexibilities to ensure access to care for complex BH populations through facility waivers (with DHSR input) – and having a clear path for provider/beneficiary input as to which flexibilities were most important. Constant (daily at times) communication about these flexibilities through webinars and joint communications from DMH/DHB
- Working with payers (LMEs) to outreach to high risk beneficiaries (those with IDD, chronic psychotic disorders, SUDs needing MAT) and their providers about available resources and information
- Weekly, statewide calls with opioid treatment programs through our SOTA (State Opioid Treatment Authority – located with DMHDDSAS)
- Rapid review and approval (within a couple of business days) of COVID-specific BH/IDD Medicaid In-lieu of Services that payers developed with their providers to allow for regionalized/localized solutions

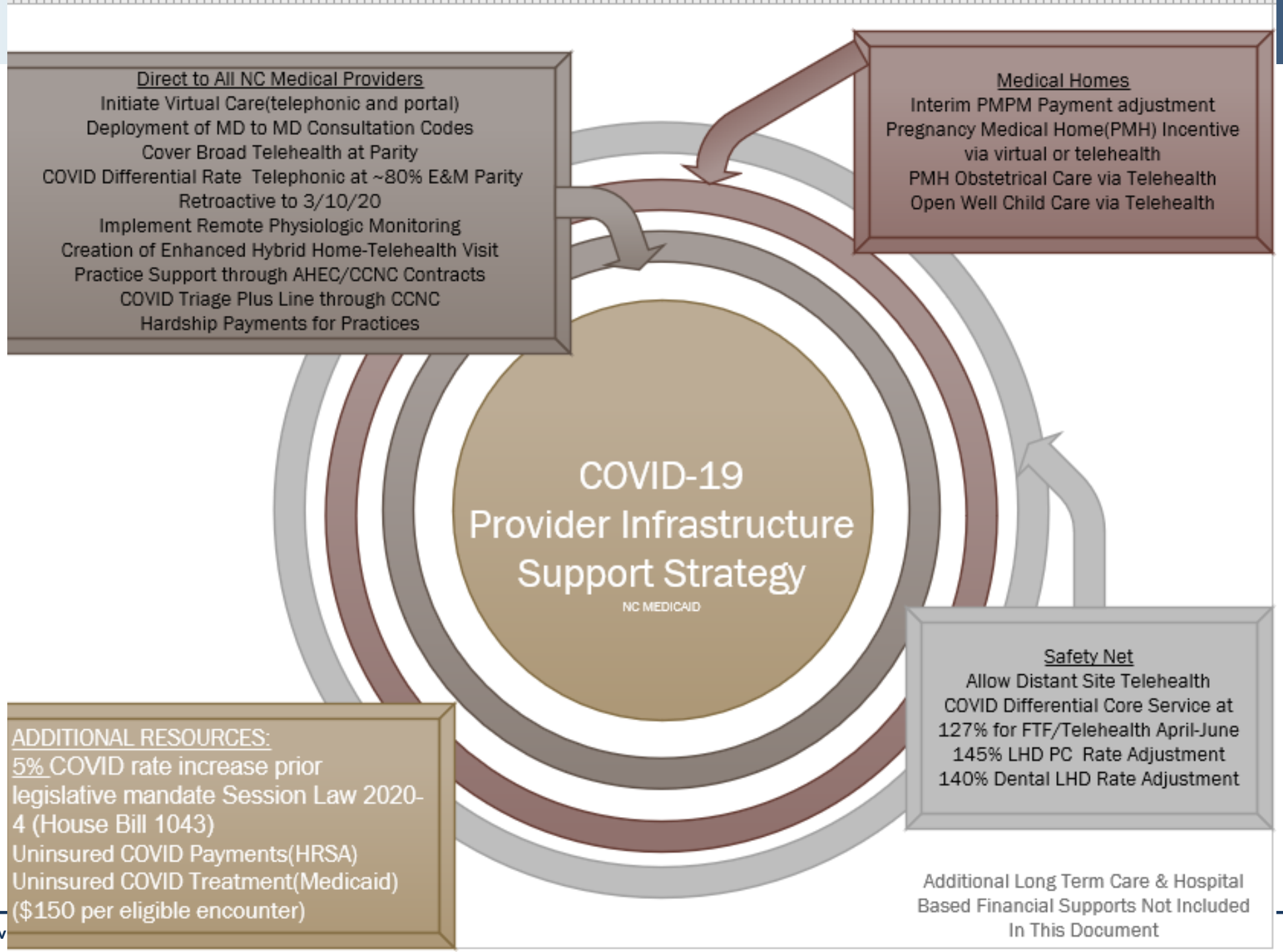
NC Medicaid's Goals Related to Congregate Care/LTSS COVID-19 Response

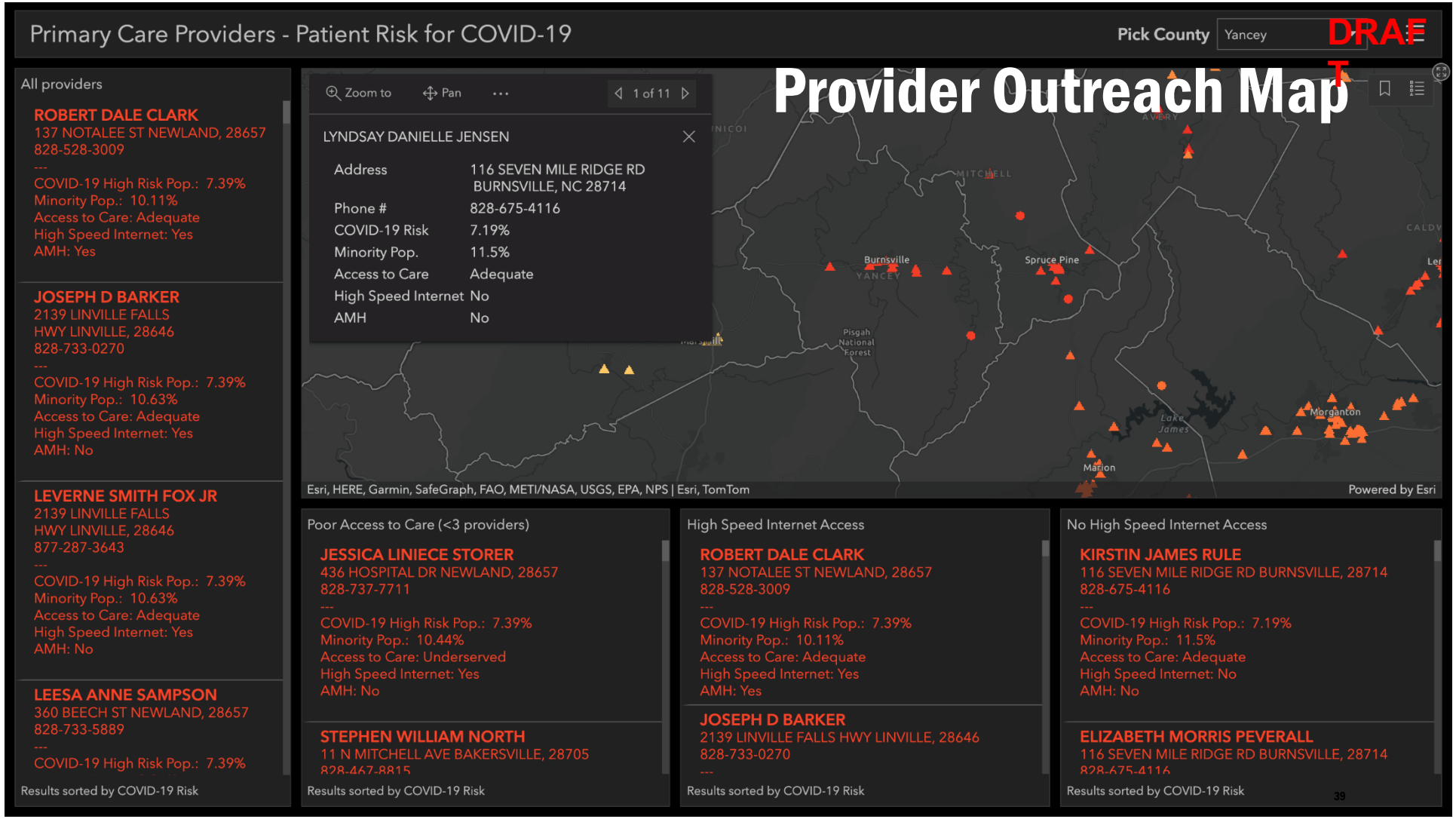
To support COVID-related response and needs among facility-based and community LTSS providers, by leveraging Medicaid resources to:

- **Effectively support the care of COVID+ residents.**
- **Accommodate needs related to hospital discharge surge.**
- **Reduce transmission through effective infection management and prevention.**
- **Increase service flexibility for provider networks impacted by crisis.**

About Hardship Advancements	Medicaid.Hardships@dhhs.nc.gov
About COVID-related Rate Increases	Medicaid.ProviderReimbursement@dhhs.nc.gov
About Reports Required of Outbreak and Response Facilities	Medicaid.ProviderReimbursement@dhhs.nc.gov
About COVID-related flexibilities in Medicaid Policy	Medicaid.covid19@dhhs.nc.gov

GIVING BACK


Direct to All NC Medical Providers
Initiate Virtual Care(telephonic and portal)
Deployment of MD to MD Consultation Codes
Cover Broad Telehealth at Parity
COVID Differential Rate Telephonic at ~80% E&M Parity
Retroactive to 3/10/20
Implement Remote Physiologic Monitoring
Creation of Enhanced Hybrid Home-Telehealth Visit
Practice Support through AHEC/CCNC Contracts
COVID Triage Plus Line through CCNC
Hardship Payments for Practices
Medical Homes
Interim PMPM Payment adjustment
Pregnancy Medical Home(PMH) Incentive via virtual or telehealth
PMH Obstetrical Care via Telehealth
Open Well Child Care via Telehealth
COVID-19 Provider Infrastructure Support Strategy
NC MEDICAID
Safety Net
Allow Distant Site Telehealth
COVID Differential Core Service at 127% for FTF/Telehealth April-June
145% LHD PC Rate Adjustment
140% Dental LHD Rate Adjustment
ADDITIONAL RESOURCES:
5% COVID rate increase prior legislative mandate Session Law 2020-4 (House Bill 1043)
Uninsured COVID Payments(HRSA)
Uninsured COVID Treatment(Medicaid) ($150 per eligible encounter)
Additional Long Term Care & Hospital Based Financial Supports Not Included In This Document


Primary Care Providers - Patient Risk for COVID-19
Pick County
Yancey
DRAFT
Provider Outreach Map
All providers
ROBERT DALE CLARK
137 NOTALEE ST NEWLAND, 28657
828-528-3009

COVID-19 High Risk Pop.: 7.39%
Minority Pop.: 10.11%
Access to Care: Adequate
High Speed Internet: Yes
AMH: Yes
JOSEPH D BARKER
2139 LINVILLE FALLS
HWY LINVILLE, 28646
828-733-0270

COVID-19 High Risk Pop.: 7.39%
Minority Pop.: 10.63%
Access to Care: Adequate
High Speed Internet: Yes
AMH: No
LEVERNE SMITH FOX JR
2139 LINVILLE FALLS
HWY LINVILLE, 28646
877-287-3643

COVID-19 High Risk Pop.: 7.39%
Minority Pop.: 10.63%
Access to Care: Adequate
High Speed Internet: Yes
AMH: No
LEESA ANNE SAMPSON
360 BEECH ST NEWLAND, 28657
828-733-5889

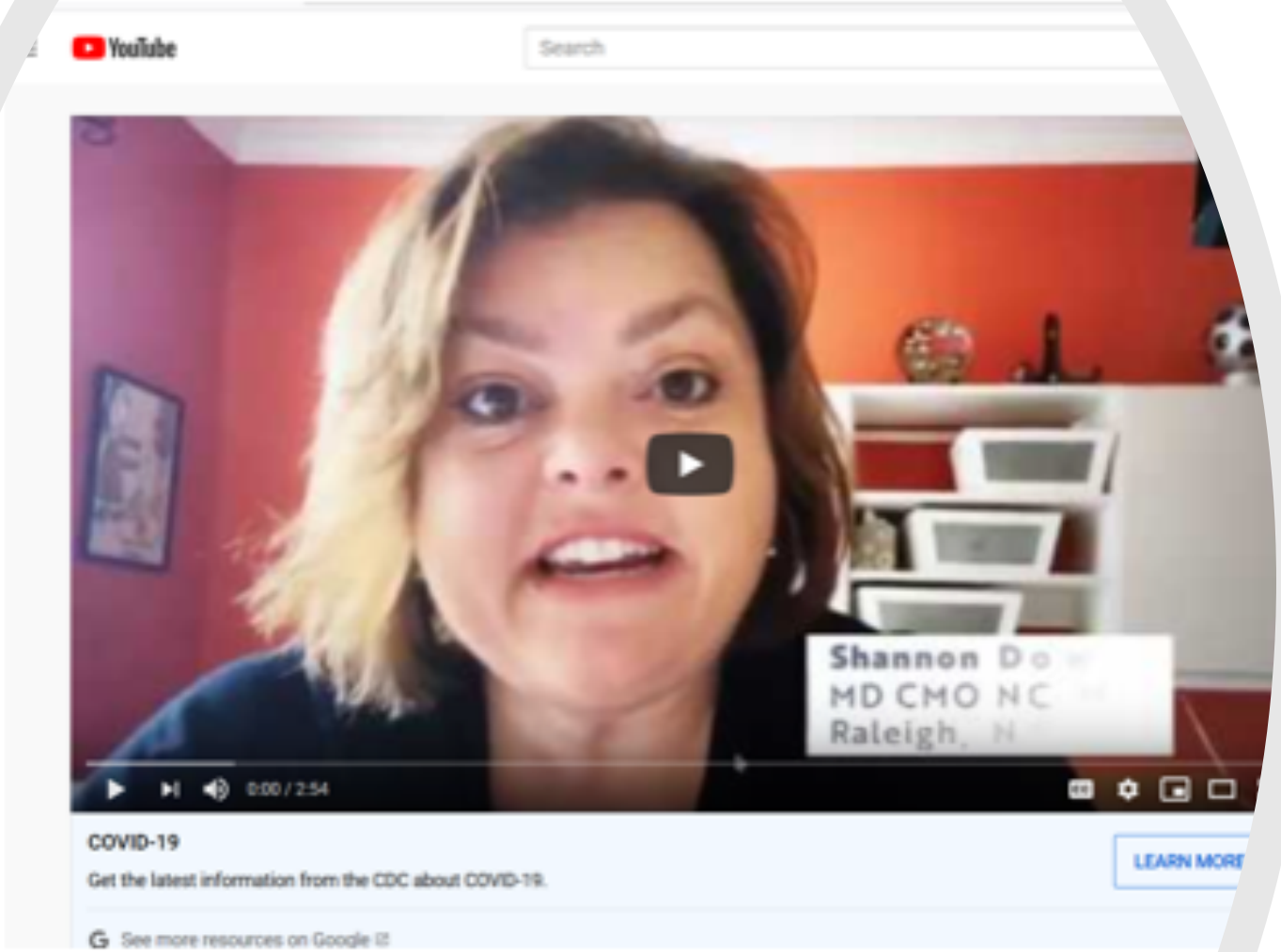
COVID-19 High Risk Pop.: 7.39%
Results sorted by COVID-19 Risk
Zoom to
Pan
1 of 11
LYNDSAY DANIELLE JENSEN
Address 116 SEVEN MILE RIDGE RD BURNSVILLE, NC 28714
Phone # 828-675-4116
COVID-19 Risk 7.19%
Minority Pop. 11.5%
Access to Care Adequate
High Speed Internet No
AMH No
Burnsville
Spruce Pine
Pisgah National Forest
Morganton
Lake James
Marion
Esri, HERE, Garmin, SafeGraph, FAO, METI/NASA, USGS, EPA, NPS | Esri, TomTom
Powered by Esri
Poor Access to Care (<3 providers)
JESSICA LINIECE STORER
436 HOSPITAL DR NEWLAND, 28657
828-737-7711

COVID-19 High Risk Pop.: 7.39%
Minority Pop.: 10.44%
Access to Care: Underserved
High Speed Internet: Yes
AMH: No
STEPHEN WILLIAM NORTH
11 N MITCHELL AVE BAKERSVILLE, 28705
Results sorted by COVID-19 Risk
High Speed Internet Access
ROBERT DALE CLARK
137 NOTALEE ST NEWLAND, 28657
828-528-3009

COVID-19 High Risk Pop.: 7.39%
Minority Pop.: 10.11%
Access to Care: Adequate
High Speed Internet: Yes
AMH: Yes
JOSEPH D BARKER
2139 LINVILLE FALLS HWY LINVILLE, 28646
828-733-0270

Results sorted by COVID-19 Risk
No High Speed Internet Access
KIRSTIN JAMES RULE
116 SEVEN MILE RIDGE RD BURNSVILLE, 28714
828-675-4116

COVID-19 High Risk Pop.: 7.19%
Minority Pop.: 11.5%
Access to Care: Adequate
High Speed Internet: No
AMH: No
ELIZABETH MORRIS PEVERALL
116 SEVEN MILE RIDGE RD BURNSVILLE, 28714
Results sorted by COVID-19 Risk
39



Patient Facing Educational Video on Tel
https://youtu.be/_0c4kLeBXgY

Medicaid COVID-19 Testing for the Uninsured

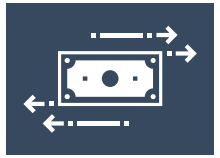
States have the option via the Families First Coronavirus Response Act (FFCRA) to pay COVID-19 testing for uninsured individuals

An application and approval for participation is required prior to payment for testing services

States may accept self-attestation of all enrollment factors, except citizenship/immigration status

Simplified online application: Beneficiaries can apply via web or mobile device, via fax or mail or telephone, or at testing sites via online or paper applications – Family Planning Only beneficiaries are auto-enrolled

Application is processed online electronically to reduce burden to county DSSs
Paper application are processed by central staff



Testing site providers must be enrolled in Medicaid to receive payment

Testing site providers promote Medicaid enrollment for uninsured beneficiaries

ASKING FOR HELP

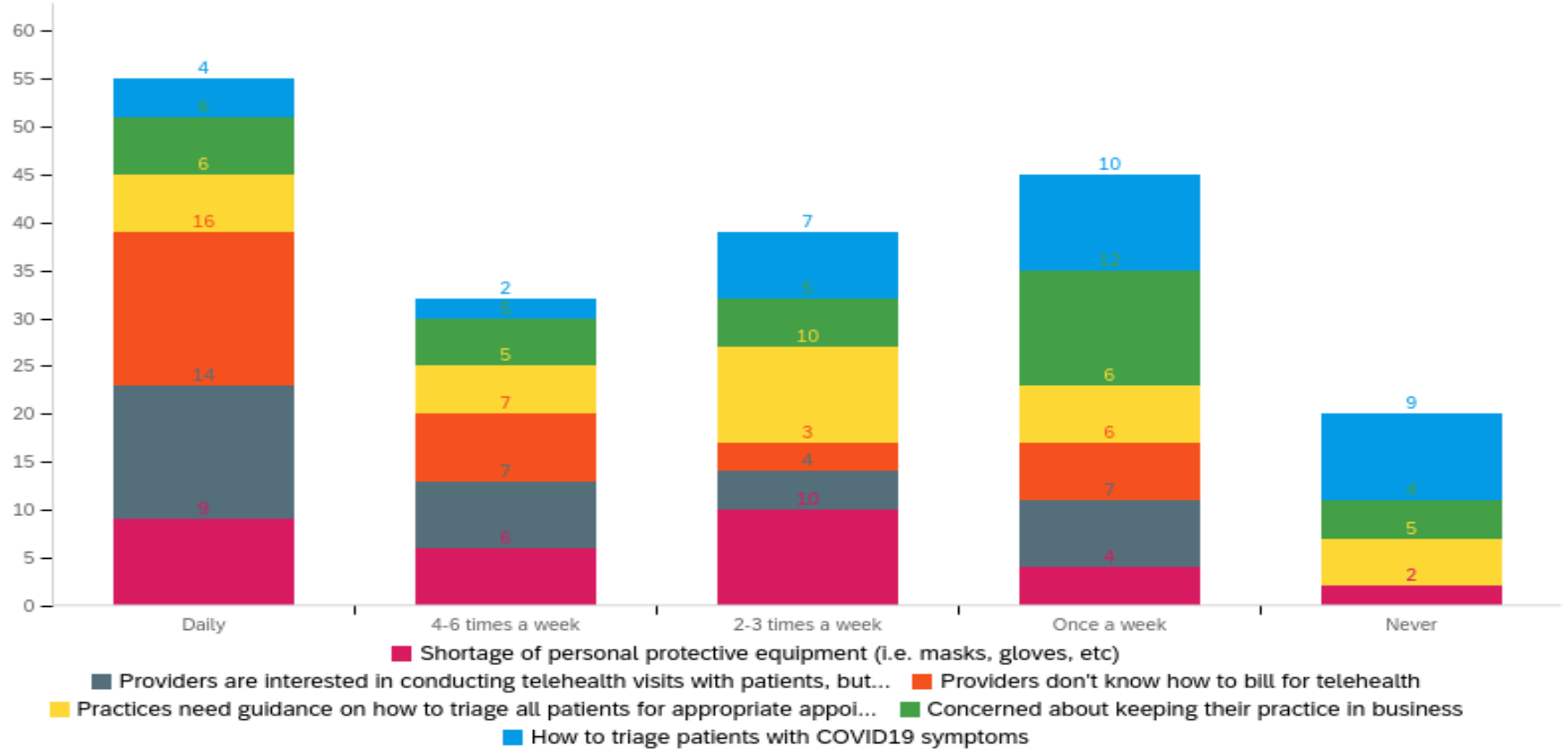
Keeping Kids Well Website

https://www.communitycarenc.org/keeping-kids-well

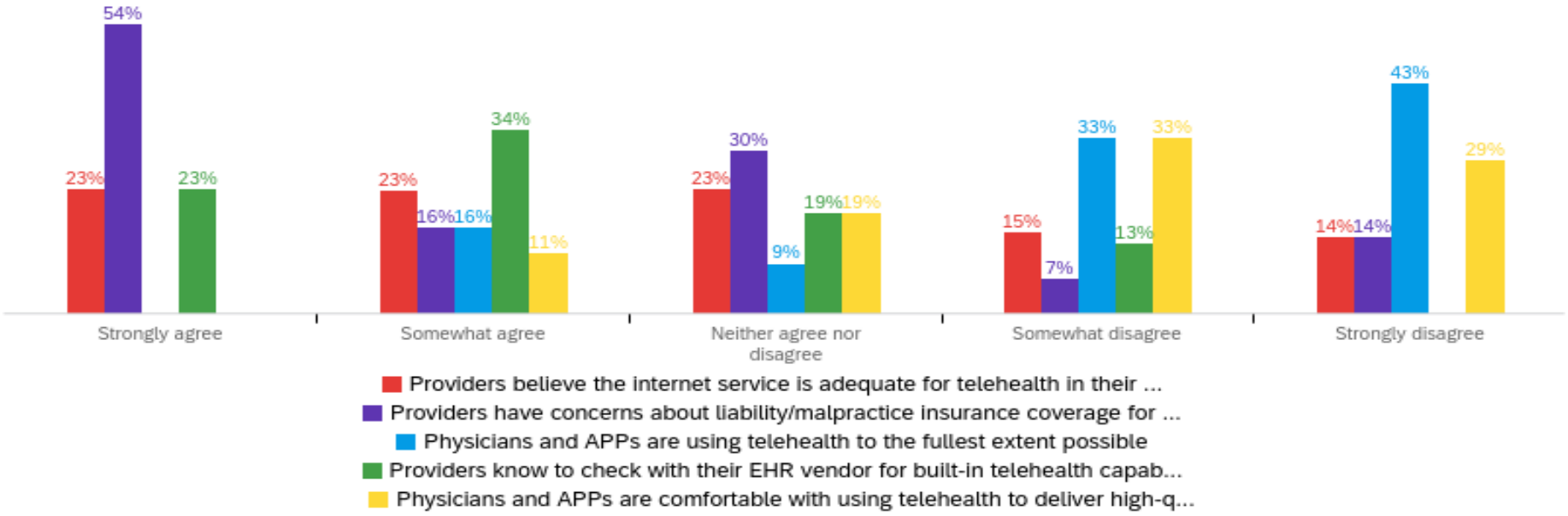
- Provider-facing Materials
  - Tip sheets
  - COVID-specific resources
  - And more!
- Patient Education Materials
- Webinar Recordings
- Frequently Asked Questions
- Contact Information

WEEKLY NC AHEC Practice Survey

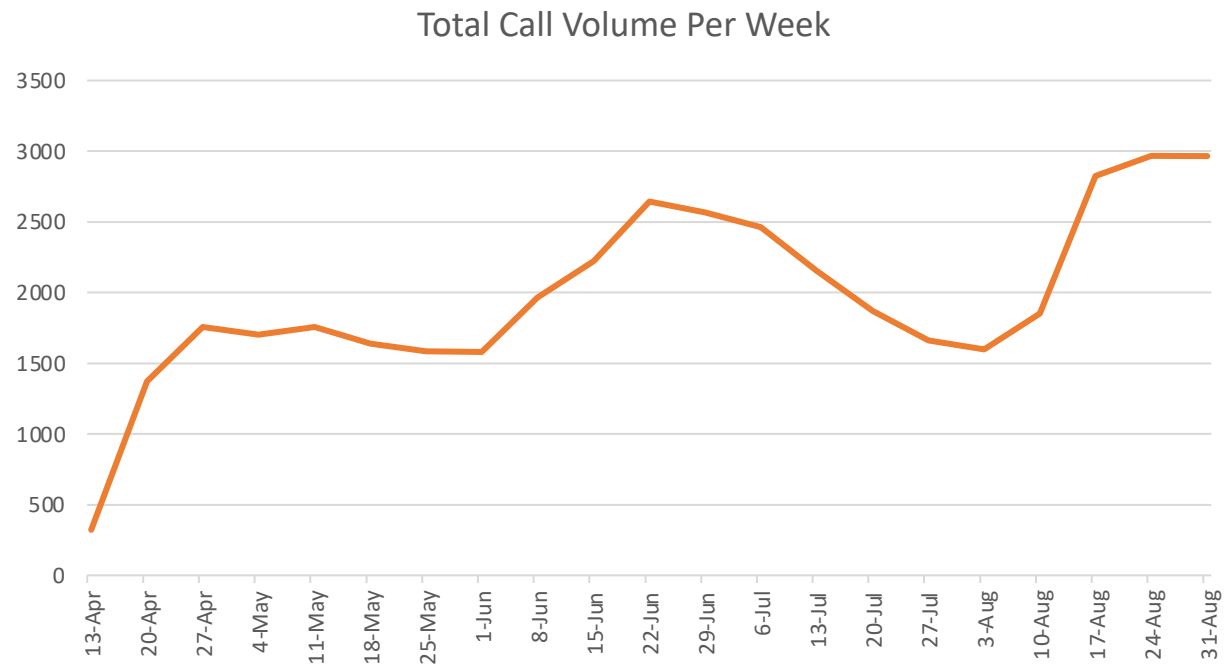
**In your interactions with practices this week,
how often have you heard concerns about the following?**



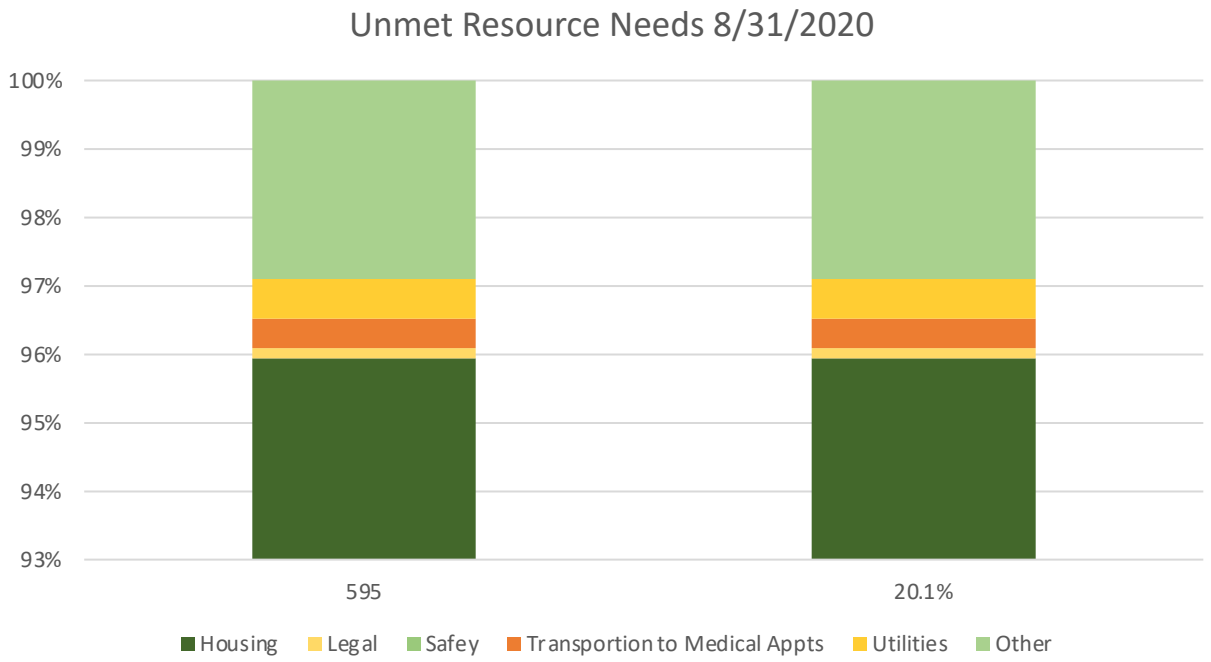
Please rate the following statements



COVID Hotline



Unmet Resource Needs



CELBRATING

NC MEDICAID COVID-19 RESPONSE ACCOMPLISHMENTS

Member Experience and Access to Quality Care

- **272,622** COVID-19 tests covered by Medicaid
- **7832** Members enrolled in optional COVID-19 testing group
- **1.4M** Medicaid eligibility extensions conducted (**720k** individual cases),
- **1.8M** Enrollment applications processed since 3/1/20

- **135** Telehealth flexibilities implemented, which spanned **482 codes**
- **1,888,465** Telehealth claims processed
- **272** PA & Service Limits waivers were put in place
- Total of **165,989** Pharmacy mailing and delivery Fees Paid, **$445,978.5** paid to Providers
- **150+** Service Tickets & FMRs completed

- **203** individual flexibilities implemented across LME-MCOs
- **26** LME-MCO ILOS: **23** of which are Approved

Authority

- **27** Waiver documents submitted to CMS; **25** Waivers approved; **2** Under Review
- **250+** Flexibilities sent to CMS; **75%** Approved; CMS FAQs Follow-ups Received: **386**/ Complete: **328** / In review with respective workstreams: **58**

Complied based on updates received by December 31st, 2020

Provider Enablement and Financial Support

- **152** Disaster applications processed
- **94** Provider closures managed & **228** negatively impacted members assisted with access to Care
- Reverification Due Dates pushed out for **8,292** Providers
- Effectuated over **~$ 1Billion** in rate changes supporting providers across **~210 rate FMRs**
- Over **$20 Million in Cares Act Funding** distributed **~200** Congregate Care Providers to support COVID-19 testing
- **~$50 Million** in advanced payments issued to Rural Hospitals & Long-Term Care Outbreak Providers

Monitoring and Evaluation

- **17** Clinical, Financial and Enrollment Dashboards developed
- **17** Telehealth uptake analysis visualizations developed
- **26** Telehealth Evaluation metrics delivered
- **34** LTSS Evaluation questions developed

Facilities and Infrastructure

- **520+** Medicaid staff enabled to work remotely
- **242** Devices issued to support remote work

Communication and Education

- **150** COVID-19 Special Medicaid Bulletins published
- **127** NCTracks blasts to providers covering 144 topics
- **1,186** Inquiries received through COVID-19 Mailbox, **97%** Addressed

- **Since the MCC went remote: 198,258** calls offered; **193,480** calls handled, **2%** abandonment rate, **30 sec** avg wait
- **COVID-19 Triage Plus** line enabled with CCNC, **74,011 calls** received since launch

Process Efficiencies and Automation

Streamlined FAQs/Inquiries Management

- **1,762** Incidents opened since 3/27
- **1,725 I**ncidents have been resolved

Knowledge Management

- **162** FAQs and **143** Bulletins incorporated since launch on 4/24/20

Circuit Breaker Process

- Two rounds of evaluation complete
- **386** Flexibility groups evaluated
- **44** were recommended to continue
- **68** were recommended to continue with changes
- Teams are revisiting some initial decisions

Questions for NC Medicaid?

Please submit questions using the Q&A function.

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Ohio | Department of Medicaid

Telehealth & Ohio Medicaid

Nichole Small
Ohio Department of Medicaid
Policy Management and Development

January 22, 2021

History

- November 2014: First Telehealth policy implemented
  - » Hub and spoke model
  - » Narrow list of eligible practitioners and services
    - Limited to psychiatric services, evaluation and management
  - » Patient must present to an eligible originating site
  - » Patient and practitioner location must be >5 miles apart

- July 2019: Adoption of expanded policy
  - » Added more eligible practitioners and services
  - » Home becomes a valid patient site location
  - » No restrictions on practitioner site location

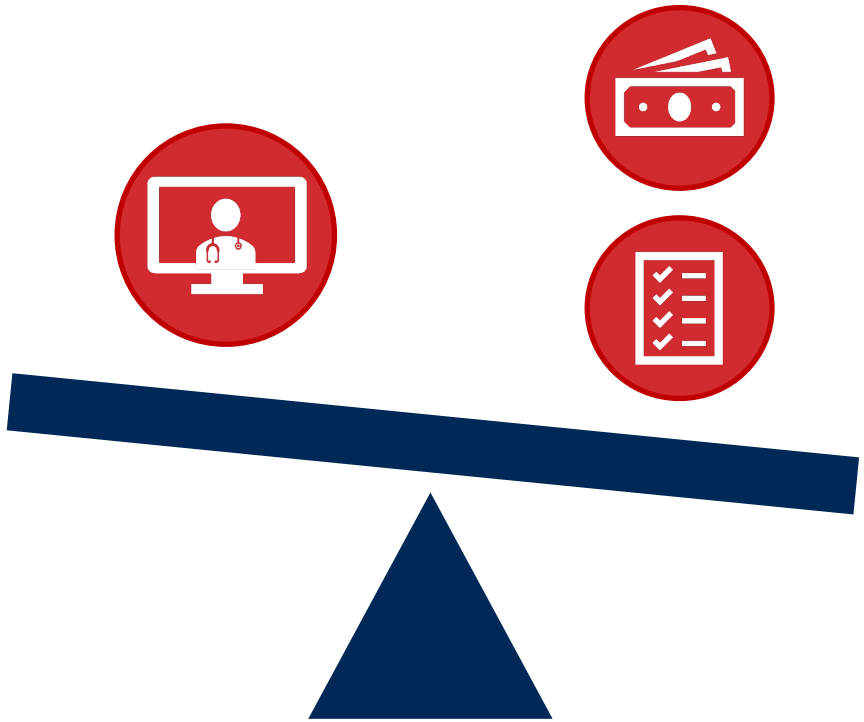
- March 2020: Emergency rules implemented
  - » Emergency rules (effective for 120 days) adopted through Governor's executive order
  - » Followed up with formal rule filing process to extend the policy beyond 120 days

#IN THIS TOGETHER Ohio Vision & Goals for Telehealth

A regulatory framework that expands **clinically appropriate** telehealth services while maintaining the **fiscal sustainability** and **integrity** of Ohio's Medicaid program

GOALS

1. ***Maintain quality of care***
2. ***Enhanced access for patients***
3. ***Improved health outcomes***
4. ***Flexibility for providers and patients***



Emergency Provisions

Ohio Administrative Code (OAC) Rule	Effective date	Expiration Date	Description
5160-1-21 *Telehealth During a State of Emergency*	3/20/2020	7/19/2020	Expanded eligible practitioner types and services, modified definition of telehealth, removed certain restrictions
5160-1-21.1 *Telehealth During a State of Emergency, expanded*	6/12/2020	10/11/2020	Includes additional procedure codes and practitioners that were added after 5160-1-21 took effect.
5160-1-18 *Telehealth* (emergency rule)	7/16/2020	11/14/2020	Includes all provisions from the two above emergency rules
5160-1-18 *Telehealth*	11/15/2020	TBD	"Permanent" rule to ensure expanded provisions apply beyond expiration after 120 days

Telehealth Definition in Response to COVID-19

- "Telehealth" is the direct delivery of health care services to a patient related to diagnosis, treatment, and management of a condition.
  - » Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication comprising both audio and video elements; or
  - » The following activities that are asynchronous or do not have both audio and video elements:
    - (i) Telephone calls;
    - (ii) Remote patient monitoring; and
    - (iii) Communication with a patient through secure electronic mail or a secure patient portal.

COVID-19 Response

- Expanded telehealth services and eligible medical and behavioral health practitioners
- Eased technology restrictions on patient-practitioner interaction to deliver telehealth services
- Issued telehealth billing guidelines and other resources to assist providers
- Pharmacists included as eligible telehealth providers as of 1/17/2021
- Nursing facility care, hospice and home health services included as eligible telehealth services

Expansion of Eligible Providers

- Audiologist, Audiology aide
- Occupational Therapist, OT Assistant
- Physical Therapist, PT Assistant
- Speech-Language Pathologist, SLP aides
- Individuals holding a conditional license under ORC 4753.071
- Medicaid School Program practitioners
- Dietitians
- Supervised behavioral health practitioners and trainees defined in OAC 5160-8-05
- Dentists
- Optometrists
- Private duty nurses
- Home health and hospice agencies

Expansion of Eligible Services

- Remote evaluation of recorded video or images
- Virtual check-ins
- Online digital evaluation and management services
- Remote patient monitoring
- Audiology, speech-language pathology, physical and occupational therapy
- Medical nutrition services
- Lactation counseling provided by dietitians
- Psychological and neuropsychological testing
- Smoking and tobacco use cessation counseling
- Limited oral evaluation
- Hospice services
- Private duty nursing services
- State plan home health services
- Eye exam, orthoptic/Pleoptic training
- Dialysis related services

#IN THIS TOGETHER Ohio Stakeholder Feedback

*Since the signing of Executive Order 2020-05D, Ohio Medicaid has received **overwhelming support** for its rapid expansion of telehealth services from **both patients and providers**.*

Early data shows telehealth use skyrocketed during initial months of the COVID-19 State of Emergency.

Physical Health Service Telehealth claims

1,000 → 200,000

average claims per month before March 2020 — claims made in April 2020

Mental Health and Addiction Service telehealth claims

4,000 → 270,000

average claims per month before March 2020 — claims made in April 2020

Telehealth Resources

- Administrative Code Rule 5160-1-18 filings, including appendix with covered procedure codes: http://www.registerofohio.state.oh.us/rules/search/details/314341

- COVID-19 Emergency Telehealth Resources including billing guidelines and webinar slides: https://medicaid.ohio.gov/COVID/ODM-Emergency-Telehealth

Contact Information:

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Bureau of Health Plan Policy

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Questions for Ohio Medicaid?

Please submit questions using the Q&A function.

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Panel Q&A

Please submit questions using the Q&A function.

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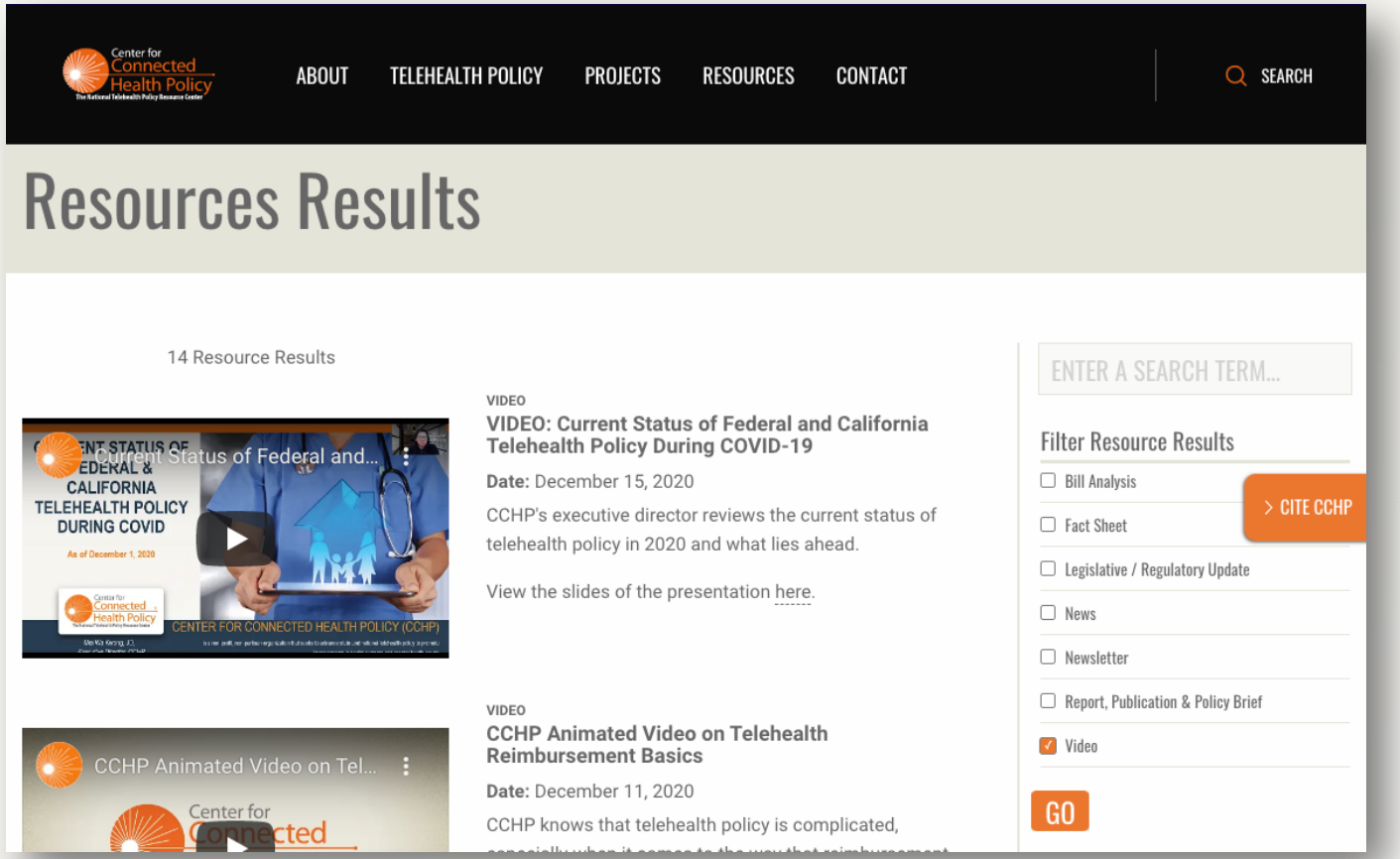
Webinar Recordings and Resources



Subscribe to CCHP's email listserv or stay tuned to CCHP's resources page for recordings of this webinar and presentation slide decks!

Click here to access CCHP's resources page for this webinar.

https://www.cchpca.org/resources/search-telehealth-resources

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The National Telehealth Policy Resource Center

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Join us January 29, 2021 for *Patient/Beneficiary Engagement & Education!*

Presentation #1: Title TBD

Michelle Probert, MPP, Director, MaineCare, Maine DHHS

Sarah Grant, Director of Communications, MaineCare, Maine DHHS

Presentation #2: Title TBD

Traylor Rains, JD, Deputy State Medicaid Director, Oklahoma Health Care Authority

Presentation #3: Title TBD

Chethan Bachireddy, MD, MSHP, Chief Medical Officer, Virginia Department of Medical Assistance Services (Medicaid)

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Division of Health Care Financing and Policy
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