



Center for Connected Health Policy

# TELEHEALTH & MEDICAID: A POLICY WEBINAR SERIES

*Medicaid Telehealth Policy For Children & Youths*  
**May 7, 2021**



## 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.

# Disclaimers & Friendly Reminders



- Any information provided in today's webinar is not to be regarded as legal advice. Today's talk is purely for informational and educational purposes.
- Always consult with your organization's legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
- Today's webinar will be recorded and slides presented here will be made publicly available as resources at [cchpca.org](http://cchpca.org).
- Closed captioning is available.
- Please refrain from political statements or advertising commercial products or services during this webinar.

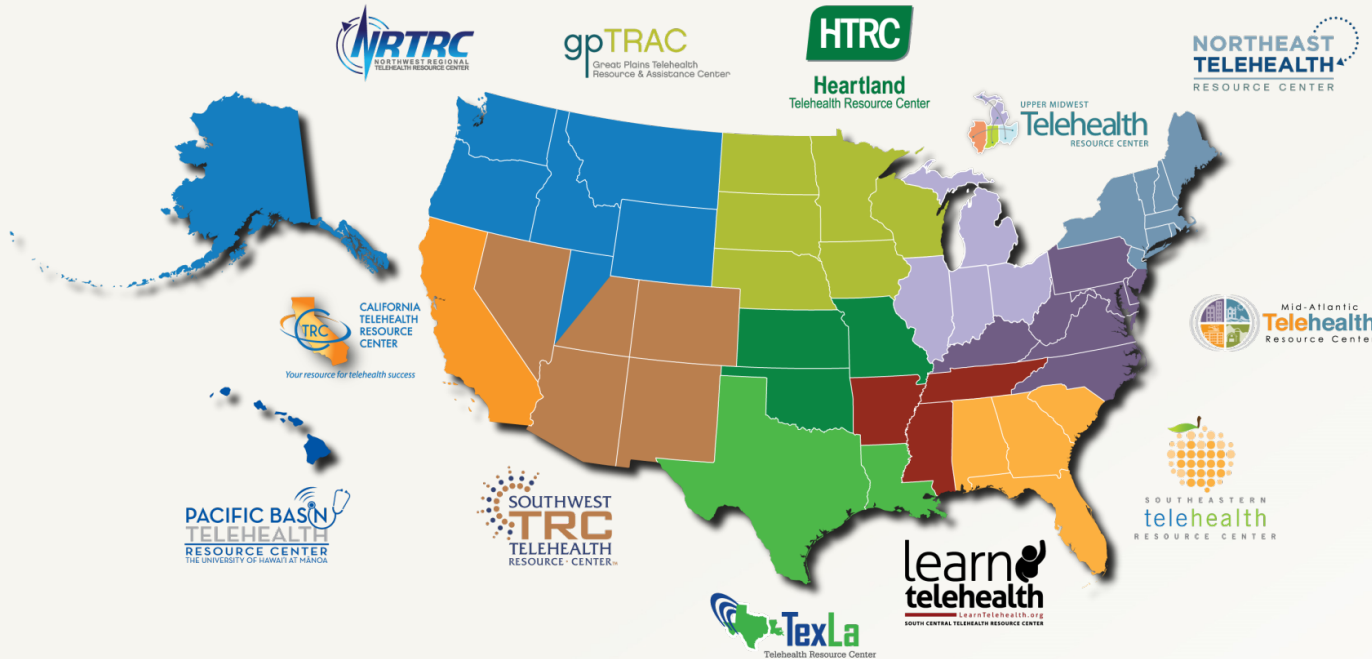
# ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



# NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

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

12 Regional Resource Centers



# Telehealth & Medicaid: A Policy Webinar Series

**May 14, 2021: Seniors**

**May 21, 2021: Telemental & Behavioral Health**

*Image source: American Psychological Association*

*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.*

# Today's Webinar

## **Presentation #1: Georgia Medicaid**

- Rebecca Dugger, Director, Program and Community Support, Division of Medicaid, Georgia Department of Community Health
  - Catherine Ivy, Deputy Executive Director, Georgia Department of Community Health
- 

## **Presentation #2: Kansas Medicaid**

- Brenda Kuder, Contract Nurse Consultant, Kansas Department of Health and Environment
  - Fran Seymour-Hunter, Interagency Liaison, Kansas Department of Health and Environment, Division of Health Care Finance
-



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Georgia Telehealth Initiatives



Rebecca Dugger  
Catherine Ivy  
Georgia Department of Community Health

Date: May 7, 2021



## **Mission:**

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.





# Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.



## Agenda

- I. Background
- II. Pre-PHE Policy Guidance
- III. PHE Policy Guidance
- IV. Telehealth Survey
- V. Post PHE
- VI. Q & A

# Background

## History of telemedicine regulations in Georgia

- **Georgia Telemedicine Act O.C.G.A. section 33-24-56.4 (2005)**  
Under the Georgia Telemedicine Act every health benefit policy as of July 1, 2005 includes payment for services that are covered under such health benefit policy and appropriately provided through telemedicine.
- **Georgia Composite Medical Board Regulation- Practice Through Electronic or Other Such Means (2014)**  
*Practice Through Electronic or Other Such Means*, is found under [Georgia Comp. Rules and Regs. rule 360-3-.07](#) and is intended to establish the minimum standards of practice while providing treatment and/or consultation recommendations through the use of telemedicine.



# Background cont.

## Definition

- The law defines telemedicine services as, “The practice, by a duly licensed physician or other health care provider acting within the scope of such provider’s practice, of health care delivery, diagnosis, consultation, treatment, or transfer of medical data by means of audio, video, or data communications which are used during a medical/clinical/therapeutic visit with a patient, or which are used to transfer clinical data obtained during the visit with a patient.”

## Exclusions

- The law is clear that, “standard telephone, facsimile transmissions, unsecured electronic mail, or a combination thereof do not constitute telemedicine services.”

## Parity

- Medicaid must reimburse treating providers for the diagnosis, consultation, or treatment of the member delivered through telemedicine **“on the same basis”** that insurer is responsible for coverage for the provision of the same service through face-to-face contact.

## Patient Site Requirements

- The law explicitly states that, “It is the intent of the General Assembly to mitigate geographic discrimination in the delivery of health care,” thus there is no distinction between urban and rural patients related to reimbursement for telemedicine visits.





# Background cont.

## Practice Through Electronic or Other Such Means Georgia Composite Medical Board

### Georgia License Required

- All treatments and consultations via telemedicine must be done by Georgia-licensed providers, which includes not only physicians, but also physician assistants (PAs) and advanced practice registered nurses (APRNs).

### In-Person Examination

- Prior to the telemedicine encounter, the telemedicine provider must have personally conducted an in-person examination of the patient unless one of three exceptions apply:
  - The telemedicine provider is able to examine the patient using technology and peripherals that are equal or superior to an in-person examination done by a provider within that provider's standard of care; or
  - The telemedicine provider is providing care (conducting the telemedicine encounter) at the request of a physician, PA or APRN licensed in Georgia who has personally seen and examined the patient; or
  - The telemedicine provider is providing care (conducting the telemedicine encounter) at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children's Services, law enforcement, community mental health center or through an established child advocacy center for the protection of a minor, and the provider is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.
- 



# Background cont.

## **Records**

- The telemedicine provider must have the patient's medical history available at the time of the consult. The provider must maintain patient records of the encounter and must document the evaluation and treatment. If there is a referring practitioner, the telemedicine provider must send a copy of this record to the referring practitioner.

## **Operational**

- The patient must receive the telemedicine provider's credentials and emergency contact information. The patient must also receive clear instructions on follow-up in the event the patient needs emergency care related to the telemedicine treatment.

## **Annual In-Person Exam**

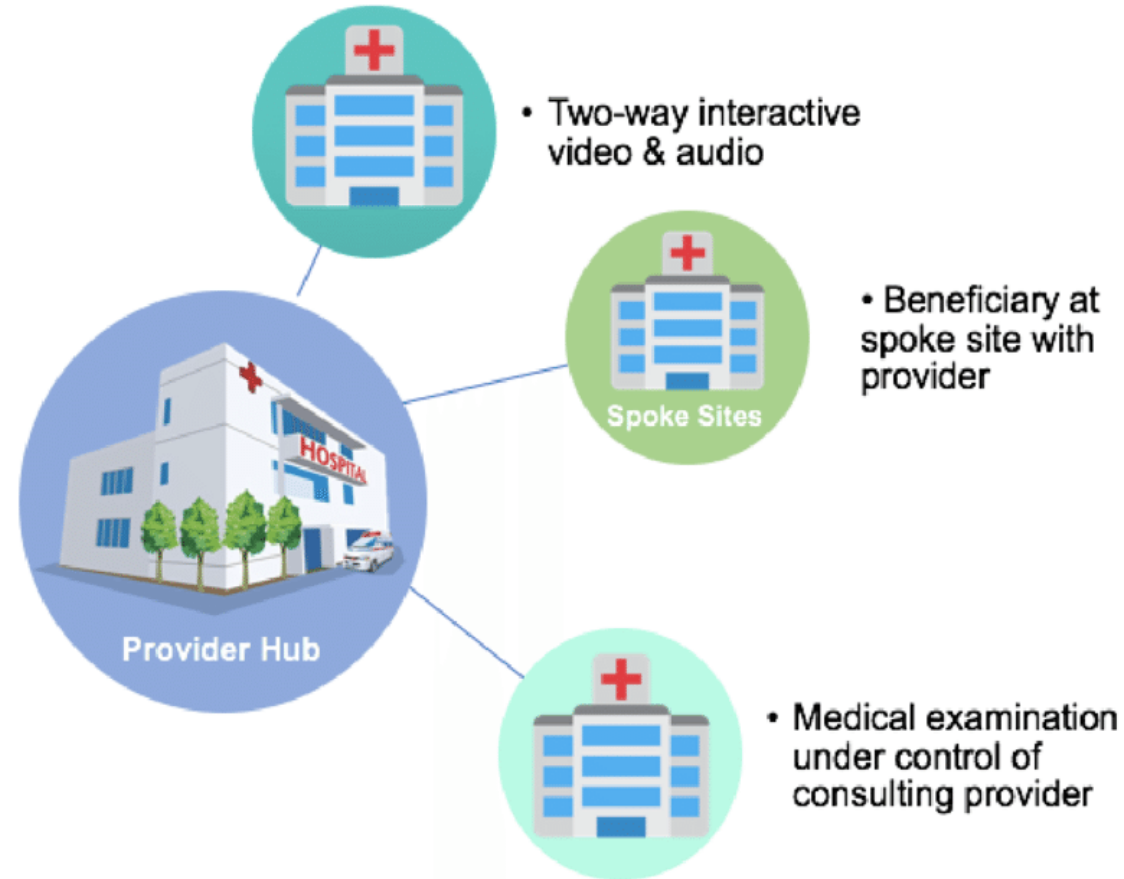
- The telemedicine provider must make "diligent efforts" to have the patient seen and examined in-person by a Georgia-licensed physician, PA or APRN at least once a year.

## **Standard of Care**

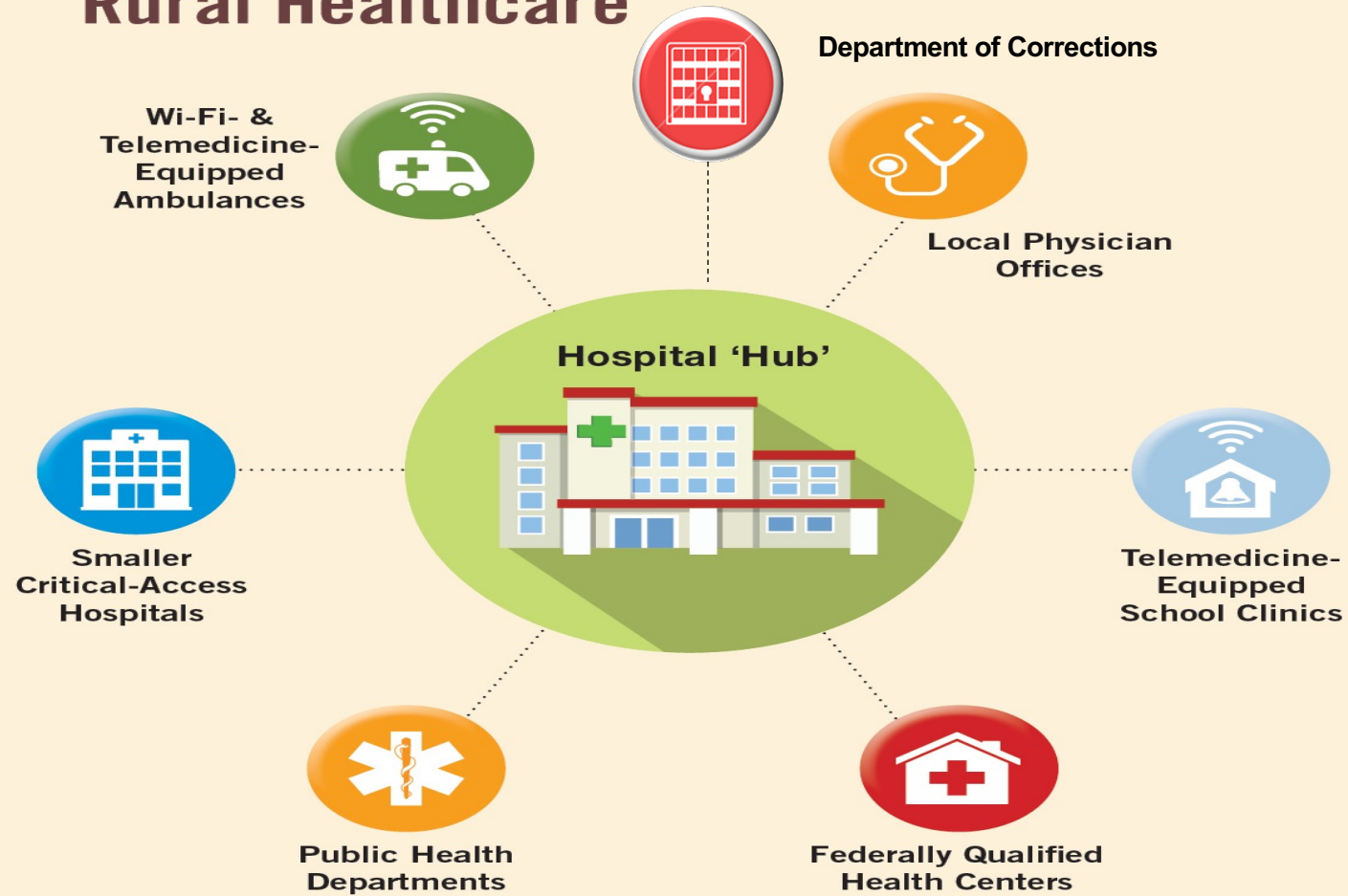
- The regulations defer to the existing standard of care expectations, and do not alter existing requirements on the practice of medicine or medical malpractice.



# Telemedicine Delivery Model- Pre PHE



# Georgia's Hub-and-Spoke Model for Rural Healthcare

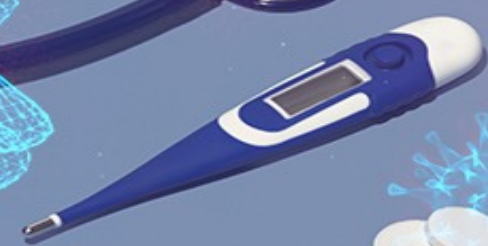
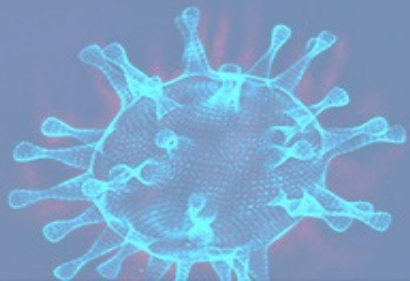
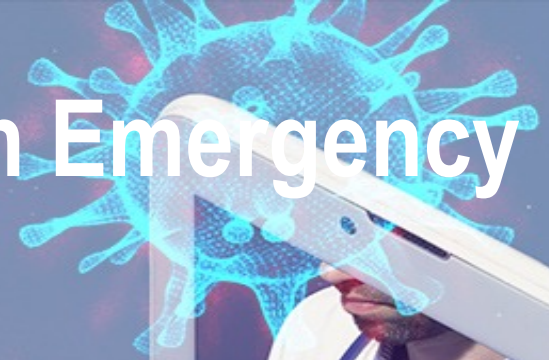
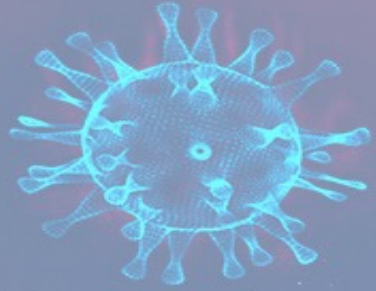


The pilot program seeks to lower rural hospitals' emergency department costs by optimizing and expanding the use of other access points for care.





# Telehealth and The Public Health Emergency



# Reimbursement Rules

- Services must be a member-initiated appointment and indicated in the treatment plan before services are rendered.
- To designate that the services were rendered via telehealth, providers will use the POS 02 **or** Modifier GT, GQ, 95 or other applicable modifier as identified by the category of service.



# DCH response to the COVID-19 PHE

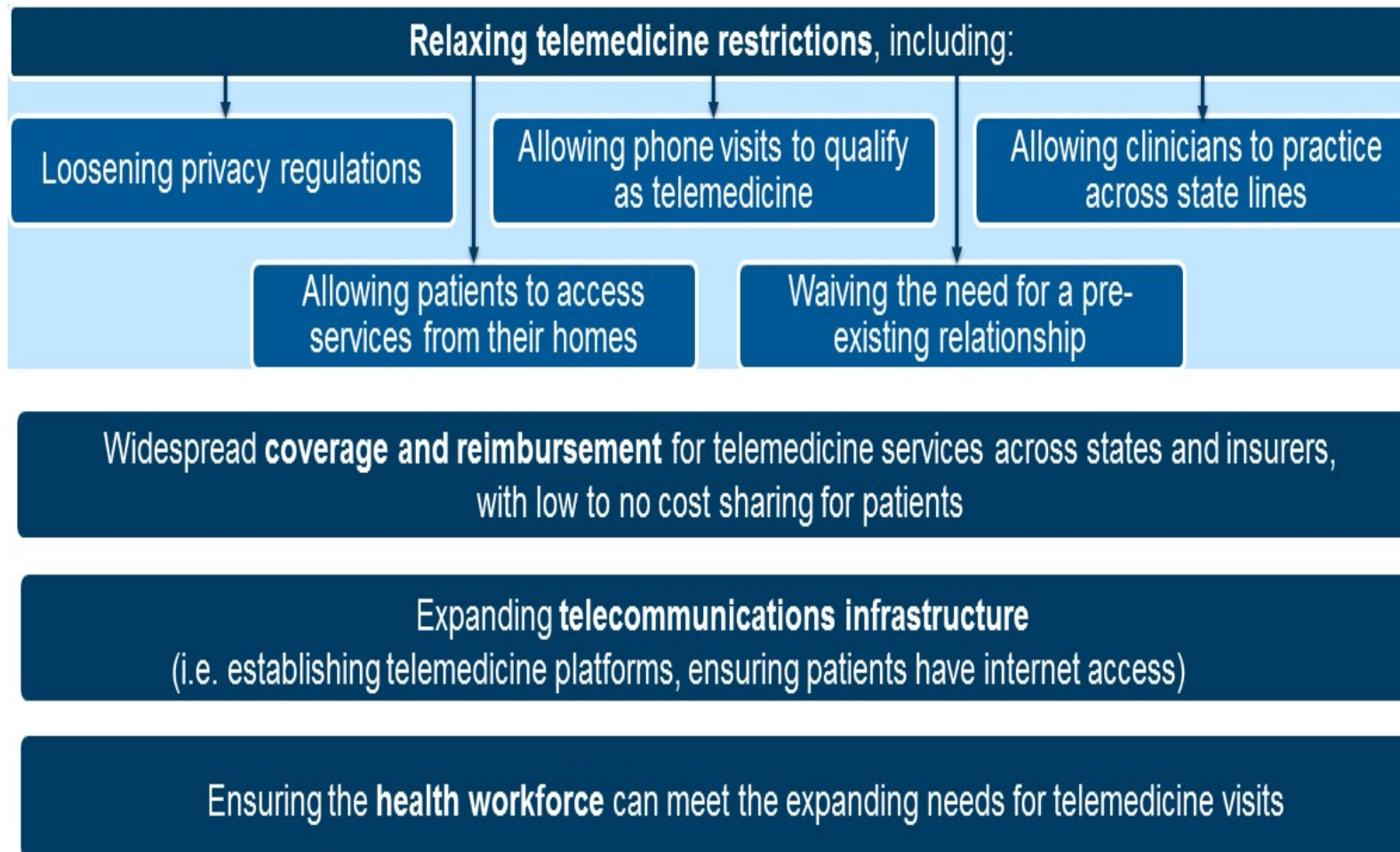
- DCH submitted Appendix K (HCBS waivers) and 1135 (FFS) applications to modify services during the PHE
- Many commonly held aspects of telehealth changed, including:
  - Originating Site
  - Distance Sites
  - Billing
  - Consent
  - HIPAA regulations
  - Approved providers
  - Hybrid Synchronous and Asynchronous service delivery methods
- Coding Guidance (Centers for Medicare & Medicaid Services (CMS), DCH, and Provider Associations)
- Policy language is drawn from [DCH provider guidance](#), published March 26, 2020

Poll Question 1





# Actions to Expand Telemedicine Availability During the COVID-19 Pandemic



**Note:** These provisions are *only* valid through the conclusion of the national state of emergency



# Temporary expansion of telehealth

CMS significantly expanded the list of covered telehealth services to include:

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may serve as distant telehealth site
- Emergency department visits
- Initial nursing facility and discharge visits
- Home visits
- Therapy services



# Telehealth waivers from the Centers for Medicare & Medicaid Services (CMS)

Temporary policy changes during the Coronavirus pandemic

CMS issued temporary measures to make it easier for people enrolled in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) to receive medical care through telehealth services during the COVID-19 Public Health Emergency.

Some of these changes allow providers to:

- Conduct telehealth with patients located in their homes and outside of designated rural areas
- Practice remote care, even across state lines, through telehealth
- Deliver care to both established and new patients through telehealth
- Bill for telehealth services (both video and audio-only) as if they were provided in person
- 
- 



# Service Location: Originating Site

## Policy:

“...allows states broad authority to **waive-limitations** on settings where members are eligible to receive telehealth and where telehealth services can be delivered during the emergency. All members with access to **video or telephone communication** may receive services in their homes to reduce exposure to themselves and others. Under the emergency declaration and waivers, these services may be provided by professionals **regardless of patient location**. The services must meet **established medical necessity criteria relevant** to the procedure or treatment.”

## What this means for Georgia providers:

- Services can be now rendered via video or telephone, *regardless* of patient location
- Services can be rendered within the member's *home*
- Services *must still be deemed medically necessary*, per pre-set criteria of each procedure or treatment



# Service Delivery: Distance Site

## Policy:

“...providers may deliver **medically necessary services** in various settings including their homes **or other settings in which the privacy and confidentiality of the member can be assured**. Qualified providers should continue to follow **all applicable licensure rules** specific to their profession. Services delivered from distant sites will be billed using the **provider billing address** associated with the enrolled Medicaid practice or facility.”

## What this means for Georgia providers:

- Medically necessary care can be rendered remotely at the provider’s home *or* other secure location
- Provider billing address should be the one associated with the enrolled Medicaid facility – *regardless* of where care is delivered
- Sites may include ambulatory surgical centers, inpatient rehabilitation hospitals, hotels, and dormitories for non-COVID-19 patients



# Billing

## Policy:

“...providers may deliver **medically necessary services** in various **settings including their homes or other settings in which the privacy and confidentiality of the member can be assured**. Qualified providers should continue to follow **all applicable licensure rules** specific to their profession. Services delivered from distant sites will be billed using the **provider billing address** associated with the enrolled Medicaid practice or facility.”

## What this means for Georgia providers:

- Claims must be billed using the associated procedure code and place of service **code 02** to indicate telehealth delivery
- Use Q3014 facility fee as applicable in addition to all codes and modifiers relevant to the performance of services rendered via telehealth

Poll Question 2

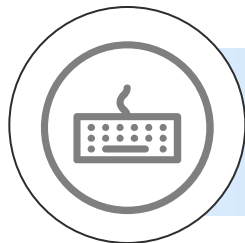




# Good Faith Modes of Communication

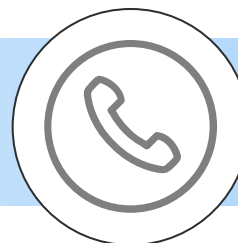
More static  
communication,  
baseline  
requirement

More dynamic  
communication,  
most preferred  
method



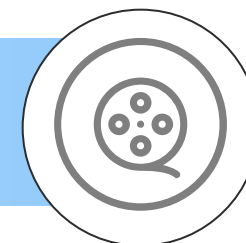
**Written  
Communication**

e.g., Patient portal  
communications



**Telephonic**

Audio-only  
communication  
via direct phone  
calls



**Live, Interactive AV**

e.g., FaceTime,  
Skype, Facebook  
Messenger video  
chat, Skype, Google  
Duo, Hangouts



# What is not Telemedicine/Telehealth

- Remote Education
- Remote Technology used for Research (e.g. online research and questionnaires and surveys)
- Public facing social media with health care professionals/practitioners
- **Georgia Medicaid does not recognize e-visits, digital evaluations and/or virtual check-ins and codes are not opened for reimbursement**



# Technology not permitted for telehealth

## DO NOT USE FOR TELEHEALTH



Any video communication applications that are public facing (such as live streaming) should not be used in the provision of telehealth by health care providers. These include the following:

- Facebook Live
- Instagram Live
- Twitch
- TikTok



# After the PHE- Where do we go from here?



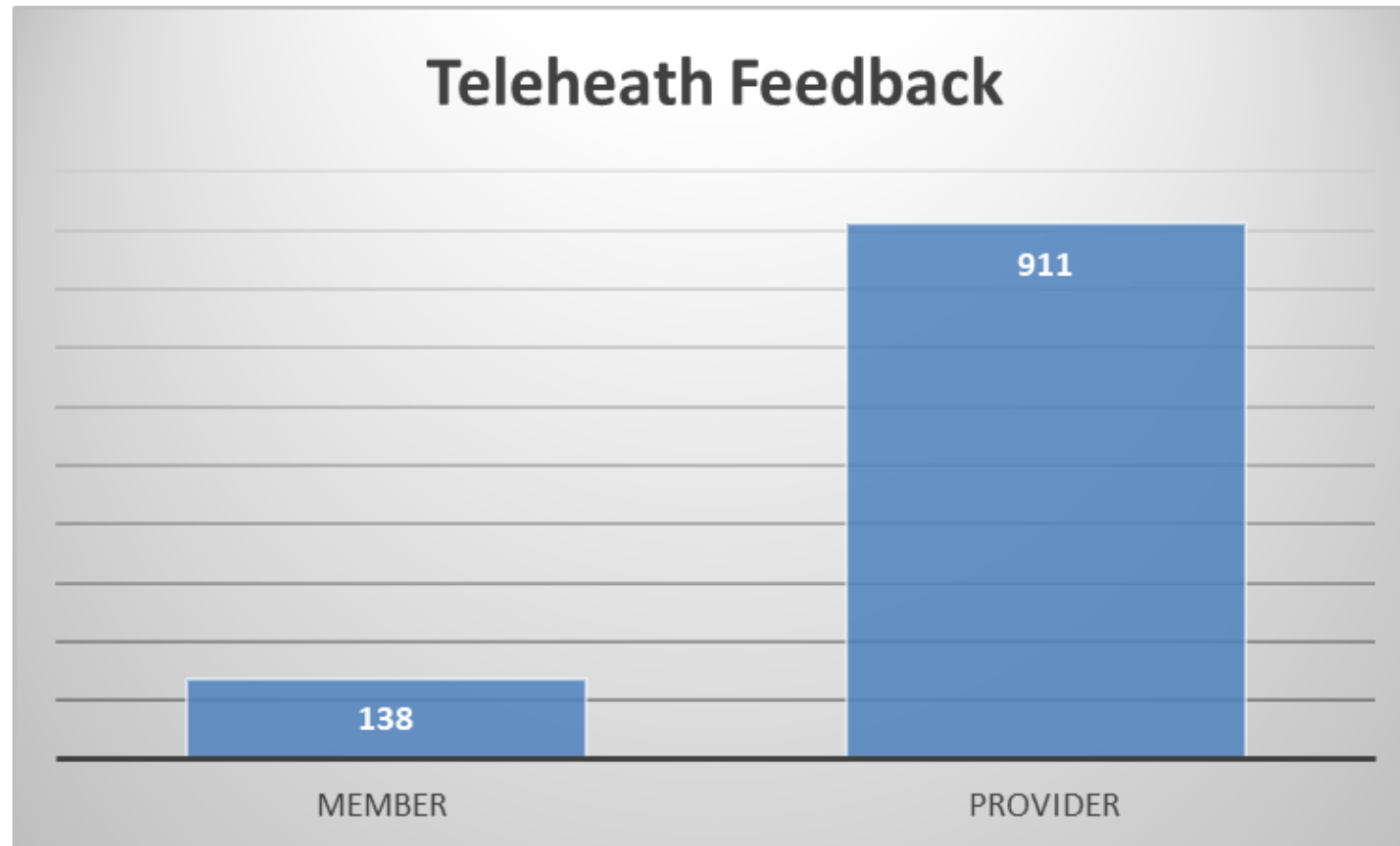
# After PHE

- DCH began a survey in June of 2020 to look at the efficiency of telehealth during the PHE.
  - What provisions should remain under telehealth/ telemedicine ?
  - What worked ?
  - What didn't work ?
  - Opportunities missed ?



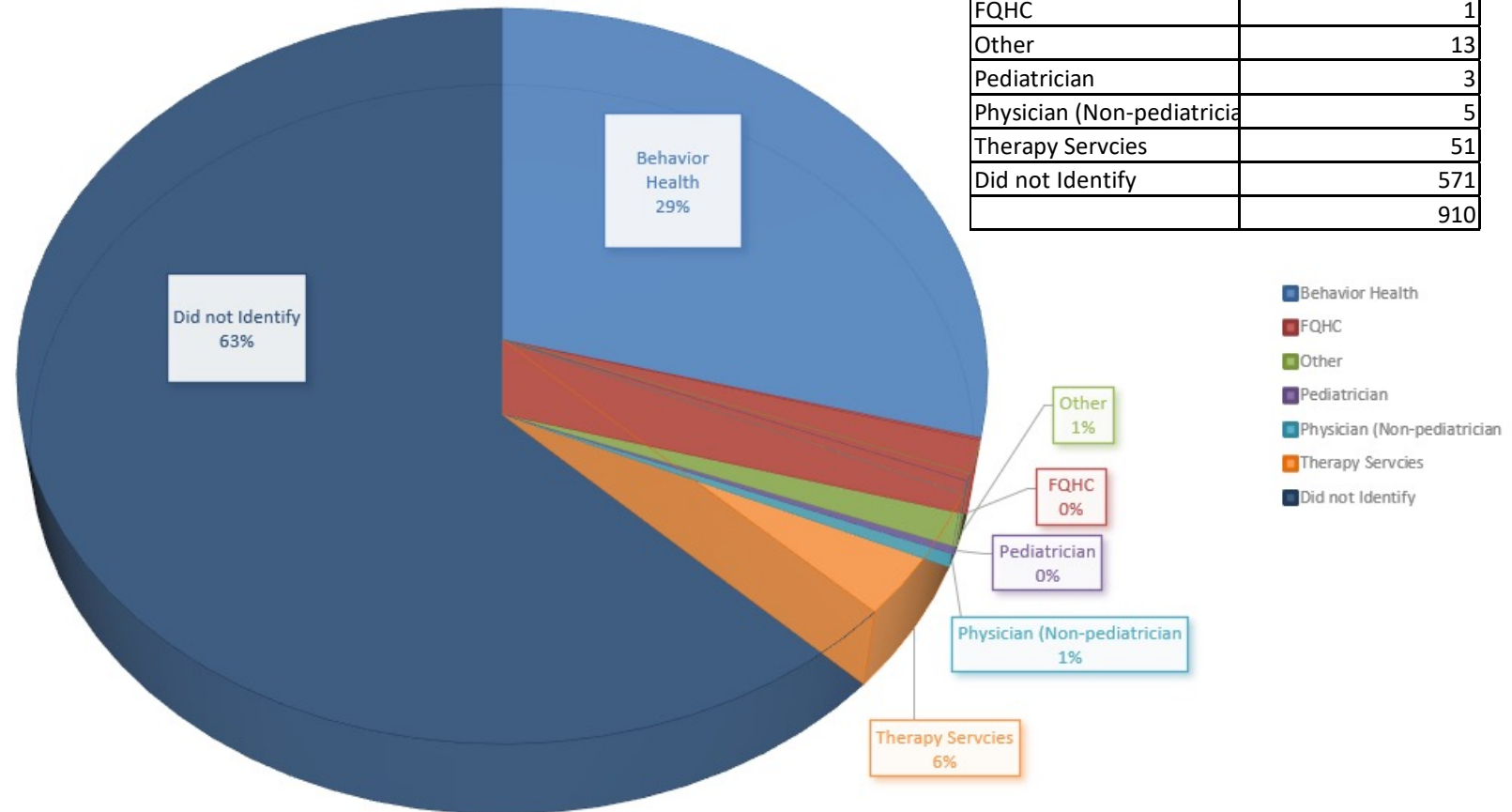


# Survey Results



# Provider Participation

NUMBER PARTICIPATED



# Survey Results- Comments

- ❖ 101 providers out of 910 providers submitted comments
- ❖ 35 Members ,Parents, Caregiver, etc. provided comments
- ❖ Enjoy and appreciate the services to Doesn't meet the needs for my child



# Survey Results- Positive

- ❖ “ All patients should be eligible for telehealth.”
- ❖ “I love this service and hope this continues as I have a weak immune system and do not want to sick
- ❖ “It has been a blessing to be able to provide services to those in need and telehealth has made that possible”
- ❖ “No services should be excluded absolutely. It might depend on patient, age, med diagnosis, etc.”

Providers are pleased with the ability to render services using telehealth and have requested specific and/or codes to be opened for telehealth in various services. Members were happy with the option to continue services using telehealth



# Survey Results- Negative

- ❖ “Play therapy seems to be better suited in person.”
- ❖ “Initial physician assessments are best done with video visits (i.e. phone is often not enough)”
- ❖ “Crisis Assessments are extremely difficult.”
- ❖ “Our major problem in rural South Georgia is family lack of telecommunication services available”
- ❖ “My 3 yr. old child does not respond to telehealth. I need in person”
- ❖ “I’m a parent and I seem to be doing the work of the therapist”

Services requiring more direct contact with members, ability to read nonverbal cues, privacy or the ability to complete assessments with equipment. Members believed that not all services are suited for telehealth (e.g. children, behavior consultations)





# Survey Takeaways

- Telehealth is a useful tool when applied correctly
- Each specialty and service will need to be reviewed to determine if it is in the best interest of the member to provide the service in this manner.
- Establish or refine protocols for rendering telehealth
  - OCR HIPAA requirements
  - Health and Safety requirements
  - Exclusions to the service
  - Ability for all members and providers to participate



## Deletion of Services

Services currently on the list of Medicare telehealth services would be removed if, upon review of the available evidence, we determine that a Medicare telehealth service is not safe, effective, or medically beneficial. A decision to remove a service would not be made under section 1862(a)(1)(A) of the Social Security Act. The decision to remove a service under this process would only apply to the list of Medicare telehealth services.



# Georgia Department of Public Health: Lead Agency for COVID-19 Public Health Information

## Beginning In-person visits to “vulnerable families”:

- *Internet and technology challenges (for example no access or limited access, technical literacy)*
- *Medically fragile (for example, child has a diagnosed medical condition that prohibits them from interacting with the public such as muscular dystrophy, SMA, feeding tubes, may have in-home nurse care).*
- *Parents or children that are deaf or hard of hearing or other special needs*
- *Families living in shelters*
- *Children in need of measurement and/or fitting of adaptive equipment*
- *Families who would benefit from in person modeling of positioning or feeding strategies for ongoing intervention in the home*
- *Assessment that requires in-person administration when a test cannot be administered virtually*





## Helpful Citations

### HHS:

- [Telehealth and HIPAA during COVID-19 Emergency](#)
- **FAQs:** [Telehealth and HIPAA during COVID-19](#)
- **Toolkit:** [State Medicaid & CHIP Telehealth Toolkit - PDF](#)

### CMS:

- [List of Telehealth Services for Calendar Year 2021 \(ZIP\) - Updated 04/07/2021](#)

### Georgia DCH:

- [Georgia Medicaid Policy Manuals – \*Telemedicine Guidance\*](#)

# Contact Us

Rebecca Dugger- [rdugger@dch.ga.gov](mailto:rdugger@dch.ga.gov)

Catherine Ivy- [Catherine.Ivy@dch.ga.gov](mailto:Catherine.Ivy@dch.ga.gov)





# Questions



*Thank You!*



# Medicaid School-Based Services in Kansas

Brenda Kuder, Contract Nurse Consultant

Fran Seymour-Hunter, Interagency Liaison

Kansas Department of Health and Environment

Division of Health Care Finance

# Kansas Demographics

- Population – 2.9 million, 14% covered by Medicaid/CHIP
- Monthly average caseload for all Medicaid population 408,138
- Medicaid expansion status – not adopted
- 105 counties, 66 of which meet definition of medically underserved
- Kansas Medical Assistance Program annual budget - \$3.8 billion
- Approximately \$10 million in school-based services annually

# Kansas School-Based Program History

Kansas has reimbursed schools for medical school-based services provided for Medicaid eligible, special education students since 1997

- Initially traditional Fee-for-Services (FFS) codes were used
- Quickly moved to “bundled rate” codes based on the child’s exceptionality (in use from 1997 to 2007)
- Returned to traditional FFS codes in 2007

Providers include both Unified School Districts and Infant Toddler Service Network Providers, (identified as Early Childhood Intervention Providers in Kansas).

# Services Reimbursed Include:

- Health Screening
- Occupational Therapy
- Physical Therapy
- Skilled Nursing Services
- Speech/Language Therapy
- Transportation\*
- Vision Services



# Services specific requirements:

- Services must be medically necessary.
- Intended to yield the maximum reduction of disability and restoration to the best possible functional level.
- All services must be included on the student's Individualized Family Service Plan (IFSP) or Individual Education Plan (IEP).
- A Physician's order is required for Occupational Therapy, Physical Therapy and Speech/Language Therapy services.

# School-Based Services and Telemedicine

- Telemedicine was not an allowed service delivery method for school-based services until January 1, 2019. This allowance was the result of Substitute to Senate House Bill 2028, called the KS Telemedicine Act.
- Telemedicine services were initially limited to speech-language and audiology service codes.
- Telemedicine as a service delivery method for school-based services was expanded March 12, 2020 and was a direct result of the Public Health Crisis due to the Covid-19 pandemic.
- Some codes were also allowed to be provided through phone contact. There is limited coverage for this delivery option.

# Collaboration with other Agencies -

- In order to identify which services could be provided via telemedicine we worked with the following agencies:
  - Kansas Department of Health and Environment Bureau of Family Health
  - Kansas Department of Health and Environment Children & Families Unit
  - Kansas Department of Health and Environment Part C Tiny K Services
  - Kansas Department of Education

# Services Currently Allowed via Telemedicine in the School setting

- Audiology Services
- Family Training and Counseling
- Nursing Assessment/Evaluation
- Occupational Therapy
- Preventive Medicine Counseling
- Physical Therapy
- Targeted Case Management
- Speech-Language Therapy

# Telemedicine requirements:

- The Provider must be an enrolled provider.
- The beneficiary must be eligible for services.
- The service must be a covered service and be allowed to be provided via telemedicine.
- The telemedicine service must be provided in a manner that complies with all HIPAA requirements.
- Documentation requirements are the same for a face-to-face visit.

# Telemedicine requirements: cont'd

- Reimbursement rates are the same as a face-to-face visit.
- The originating site (where the student is) bills Q3014 and is paid \$20.00. A provider/practitioner must be present at the origination site for payment to be received.
- Home was allowed as a Place of service for telemedicine services, but again a provider/practitioner must be present at the origination site for payment to be received.
- The distant site (location of the practitioner) bills a CPT code for the service being delivered and uses place of service code 02. The 02 identifies that the service was provided via telemedicine.



# Lessons Learned -

- Perception is that the allowance of telemedicine as a delivery option in the school has been well received by both providers and student/families.
- Communication with other agencies was very important to insure that we identified the necessary services to be allowed via telemedicine and to provide updates to Providers and others of changes and updates.
- We continue to work with these same agencies as we move forward and evaluate the need for any modifications in service delivery.

# Telemedicine services going forward

- Currently, due to the uncertainty with the pandemic, we are continuing to allow telemedicine as a delivery option for school-based services.
- At some point we will determine if we will continue this delivery option for all of the service codes that have been made available for telemedicine or to revert back to the previously allowed delivery methods.

# Important links

- <https://www.kmap-state-ks.us/public/providermanuals.asp> All provider manuals can be found at this link. Use the drop down menu to select Local Education Agency manual or Early Childhood Intervention manual. There are specific sections in each manual that address telemedicine services.
- <https://www.kmap-state-ks.us/> Publications specific to telemedicine updates due to the pandemic can be found at this link. Select Covid – 19 Provider Information and then select Telemedicine.

# Panel Q&A

*Please submit questions using the Q&A function.*

# Thank You!



# Webinar Recordings and Resources

The screenshot shows the website's navigation bar with links for ABOUT, TELEHEALTH POLICY, PROJECTS, RESOURCES, and CONTACT, along with a search icon. The main heading is 'Resources Results' with a sub-heading '14 Resource Results'. Two video results are visible:

- VIDEO: Current Status of Federal and California Telehealth Policy During COVID-19**  
Date: December 15, 2020  
CCHP's executive director reviews the current status of telehealth policy in 2020 and what lies ahead.  
View the slides of the presentation [here](#).
- VIDEO: CCHP Animated Video on Telehealth Reimbursement Basics**  
Date: December 11, 2020  
CCHP knows that telehealth policy is complicated, especially when it comes to the way that reimbursement

On the right side, there is a search bar labeled 'ENTER A SEARCH TERM...' and a 'Filter Resource Results' section with checkboxes for various categories: Bill Analysis, Fact Sheet, Legislative / Regulatory Update, News, Newsletter, Report, Publication & Policy Brief, and Video (which is checked). A 'GO' button is at the bottom of the filter section, and a '> CITE CCHP' button is next to the 'Fact Sheet' checkbox.

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

Join us May 14, 2021 for *Seniors*

## California Department of Health Care Services

Rene Mollow, MSN, RN, Deputy Director, California Department of Health Care Services, Health Care Benefits and Eligibility



## Connecticut Department of Social Services

Kate McEvoy, JD, Director of Health Services, Connecticut Department of Social Services