Center for Connected Health Policy

TELEHEALTH & MEDICAID: A POLICY WEBINAR SERIES

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

January 22, 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

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• 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.
• Please refrain from political statements or advertising commercial products or services during this webinar.
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
NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org

Telehealth Resource Centers

2 National Resource Centers

12 Regional Resource Centers

© Center for Connected Health Policy/Public Health Institute
Telehealth & Medicaid: A Policy Webinar Series

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.
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
State of Nevada

Department of Health and Human Services

Telehealth

Division of Health Care Financing and Policy (DHCFP)

DuAne L. Young, MS

1/22/21

Helping people. It’s who we are and what we do.
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

Patient at Originating Site  
HIPPA compliant telecommunication system  
Provider at Distant Site
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/](http://dhcfp.nv.gov/covid19/)
    • [Link to 3/17/20 Memo](http://dhcfp.nv.gov/covid19/) – Federal guidance temporarily lifting the telephonic restriction.
    • [Link to 3/19/20 Memo](http://dhcfp.nv.gov/covid19/) – Placing no restrictions on the use of telehealth for group therapy sessions.
    • [Link to 3/27/20 Memo](http://dhcfp.nv.gov/covid19/) – Allowing telehealth for PT, OT, ST. Allowing supervision, assessments and parent training via telehealth for ABA.
    • [Link to 4/15/20 Memo](http://dhcfp.nv.gov/covid19/) – Allowing Home Health Agencies and Hospice Agencies to use telehealth for initial and recertification assessments.
    • [Link to 4/28/20 Memo](http://dhcfp.nv.gov/covid19/) – PSR services can be conducted utilizing audio-visual communication for individuals under the age of 18.
    • [Link to 5/26/20 Memo](http://dhcfp.nv.gov/covid19/) – 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
• 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/
DuAne L. Young, MS
Deputy Administrator
Nevada Division of Health Care Financing and Policy
dyoung@dhcfp.nv.gov
Acronyms

- **ABA** - Applied Behavior Analysis
- **BST** - Basic Skills Training
- **CMS** – Centers for Medicare & Medicaid Services
- **CPT** - Current Procedural Terminology
- **DHC FP** - 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
Each wave paired with provider facing webinar for education and special bulletin.
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 TELTHERAPY 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

EQRO RFP KICK-OFF | AUGUST 14, 2018
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.

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- Final Recommendation Complete
- Workstream Recommendation Revised
Bidirectional Communication
COVID-19 Medicaid Provider Outreach

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

- **March webinars**
  - Total Webinars: 17
  - Participants: 11,089

- **April Webinars**
  - Total Webinars: 34
  - Participants: 13,518

- **May webinars**
  - Total Webinars: 24
  - Participants: 8,451

- **June Webinars**
  - Total Webinars: 12
  - Participants: 4,013
## 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

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<td>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 <a href="https://www.ncahec.net/covid-19/webinars/">https://www.ncahec.net/covid-19/webinars/</a></td>
<td>Purpose: Share Triage, Assessment, Updated testing Guidance, and Payer Alignment: Utilizing Virtual and Telehealth March 24, 2020 5:30pm – 6:30pm</td>
<td>Purpose: Discuss COVID-19 updates, logistics, questions and answer. <strong>Weekly on Tuesday starting March 31, 2020 1:00pm – 2:15pm</strong></td>
<td>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. <strong>Weekly on Thursdays starting May 14, 2020 10:00am – 11:00am</strong></td>
<td>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. <strong>Weekly on Fridays starting March 13, 2020 12:30pm – 1:30pm</strong></td>
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<td>Total Webinars: 9 Total Participants: 6,489</td>
<td>Total Webinars: 1 Total Participants: 3,067</td>
<td>Total Webinars: 13 Total Participants: 7,931</td>
<td>Total Webinars: 4 Total Participants: 3,715</td>
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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
COVID-19 Special Medicaid Bulletins

- 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 #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
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
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.

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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

Safety Net
Allow Distant Site Telehealth
COVID Differential Care 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 pcr eligible encounter)

Additional Long Term Care & Hospital Based Financial Supports Not Included In This Document
Primary Care Providers - Patient Risk for COVID-19

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
827-287-3643
- COVID-19 High Risk Pop.: 7.39%
- Minority Pop.: 10.63%
- Access to Care: Adequate
- High Speed Internet: Yes
- AMH: No

**LEESA ANN SAMPSON**
360 BEECH ST NEWLAND, 28657
828-733-5889
- COVID-19 High Risk Pop.: 7.39%

**LYNSAY DANIELLE JENSEN**
116 SEVEN MILE RIDGE RD BUNRISVILLE, NC 28714
- Phone #: 828-675-4116
- COVID-19 Risk: 7.19%
- Minority Pop.: 11.5%
- Access to Care: Adequate
- High Speed Internet: Yes
- AMH: No

**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
- Phone #: 828-733-0270
- Results sorted by COVID-19 Risk

**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

**KIRSTIN JAMES RULE**
116 SEVEN MILE RIDGE RD BUNRISVILLE, 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 BUNRISVILLE, 28714
- Phone #: 828-675-4116
- Results sorted by COVID-19 Risk

Results sorted by COVID-19 Risk
Patient Facing Educational Video on Tel:
https://youtu.be/_0c4kLeBXgY
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

- Red: Providers believe the internet service is adequate for telehealth in their...
- Purple: Providers have concerns about liability/malpractice insurance coverage for...
- Blue: Physicians and APPs are using telehealth to the fullest extent possible
- Green: Providers know to check with their EHR vendor for built-in telehealth capab...
- Yellow: Physicians and APPs are comfortable with using telehealth to deliver high-q...
COVID Hotline
Unmet Resource Needs

Unmet Resource Needs 8/31/2020

Housing  Legal  Safety  Transportation to Medical Appts  Utilities  Other
CELBARTING
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

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 ~$1 Billion 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
- 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

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
- 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
- 1,166 Inquiries received through COVID-19 Mailbox, 97% Addressed

Authority

- 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

Communication and Education

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

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

Process Efficiencies and Automation

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

Circuit Breaker Process

- 1.762 Incidents opened since 3/27
- 1,725 Incidents have been resolved

Knowledge Management

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

Streamlined FAQs/Inquiries Management

- 150 COVID-19 Special Medicaid Bulletins published
- 127 NCTracks blasts to providers covering 144 topics
- 1,166 Inquiries received through COVID-19 Mailbox, 97% Addressed

Facilities and Infrastructure

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

Complied based on updates received by December 31st, 2020
Questions for NC Medicaid?

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

<table>
<thead>
<tr>
<th>Ohio Administrative Code (OAC) Rule</th>
<th>Effective date</th>
<th>Expiration Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5160-1-21 <em>Telehealth During a State of Emergency</em></td>
<td>3/20/2020</td>
<td>7/19/2020</td>
<td>Expanded eligible practitioner types and services, modified definition of telehealth, removed certain restrictions</td>
</tr>
<tr>
<td>5160-1-21.1 <em>Telehealth During a State of Emergency, expanded</em></td>
<td>6/12/2020</td>
<td>10/11/2020</td>
<td>Includes additional procedure codes and practitioners that were added after 5160-1-21 took effect.</td>
</tr>
<tr>
<td>5160-1-18 <em>Telehealth</em> (emergency rule)</td>
<td>7/16/2020</td>
<td>11/14/2020</td>
<td>Includes all provisions from the two above emergency rules</td>
</tr>
<tr>
<td>5160-1-18 <em>Telehealth</em></td>
<td>11/15/2020</td>
<td>TBD</td>
<td>“Permanent” rule to ensure expanded provisions apply beyond expiration after 120 days</td>
</tr>
</tbody>
</table>
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
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 average claims per month before March 2020
- 200,000 claims made in April 2020

Mental Health and Addiction Service telehealth claims
- 4,000 average claims per month before March 2020
- 270,000 claims made in April 2020

“The relaxation of rules regarding telehealth has undoubtedly led to significantly better care for our patients during these challenging times.”
- Dr. Robert Stone, MD
  Senior Medical Director of Ambulatory Services
  Central Ohio Primary Care Physicians
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:
Nichole Small
Policy Management and Development
Bureau of Health Plan Policy
Nichole.Small@medicaid.ohio.gov
Questions for Ohio Medicaid?

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

Please submit questions using the Q&A function.
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
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)

TO REGISTER, CLICK HERE OR SCAN THE QR CODE.