

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Laura Kilfoyle

Phone Number: 517-284-1228

Initial

Public Comment

Final

Brief description of policy:

This bulletin updates telemedicine policy to reimburse at the non-facility rate effective June 1, 2020.

Reason for policy (problem being addressed):

The purpose of this guidance is to update telemedicine policy regarding the reimbursement rate for allowable telemedicine services. MSA 20-09 states that, starting on June 1, 2020, allowable telemedicine services will be reimbursed at the facility rate. This policy supersedes that guidance by authorizing all telemedicine services, as reported with POS 02 and the GT modifier, to be paid at the non-facility rate until further notice.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2044-Telemedicine	Date: July 15, 2020

Comments Due: August 19, 2020

Proposed Effective Date: June 1, 2020

Direct Comments To: Laura Kilfoyle

Address:

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Phone: 517-284-1228

Fax:

<p>Policy Subject: COVID-19 Response: Telemedicine Policy Rate Change; MI Care Team Health Action Plan Telemedicine Coverage</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services, Maternity Outpatient Medical Services</p> <p>Distribution: Practitioners, Outpatient Hospitals, Federally Qualified Health Centers (FQHC), Local Health Departments, Rural Health Clinics (RHC), Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Medicaid Health Plans (PIHP), Tribal Health Centers (THC), Integrated Care Organizations (ICO)</p> <p>Summary: This bulletin updates telemedicine policy to reimburse at the non-facility rate.</p> <p>Purpose: To update telemedicine policy regarding the reimbursement rate for allowable telemedicine services to the non-facility rate, reversing previous policy set to take effect on June 1, 2020.</p> <p>Cost Implications: Budget neutral</p> <p>Potential Hearings & Appeal Issues: N/A</p>
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State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Bulletin Number: MSA 20-42

Distribution: Practitioners, Outpatient Hospitals, Federally Qualified Health Centers (FQHC), Local Health Departments, Rural Health Clinics (RHC), Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Medicaid Health Plans, Tribal Health Centers (THC), Integrated Care Organizations (ICO)

Issued: July 15, 2020

Subject: COVID-19 Response: Telemedicine Policy Rate Change; MI Care Team Health Action Plan Telemedicine Coverage

Effective: June 1, 2020

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services

Consistent with public health emergency conditions at both the state and federal level related to COVID-19, the Michigan Department of Health and Human Services (MDHHS) is issuing this policy effective June 1, 2020. Given the circumstances, this policy is intended to be time-limited, and MDHHS will notify providers of its termination.

Telemedicine Reimbursement Rate Change

The purpose of this guidance is to update telemedicine policy regarding the reimbursement rate for allowable telemedicine services. Bulletin MSA 20-09 states that, starting on June 1, 2020, allowable telemedicine services will be reimbursed at the facility rate. This policy supersedes that guidance by authorizing all telemedicine services, as reported with POS 02 and the GT modifier, to be paid at the non-facility rate until further notice.

All other telemedicine policy, as represented in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual and all applicable bulletins, remains in effect. Provider Bulletins and the MDHHS Medicaid Provider Manual are located at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

MI Care Team Health Action Plan Telemedicine Coverage

Effective June 1, 2020, MDHHS will allow MI Care Team program providers to deliver the Health Action Plan (HAP) via telemedicine (simultaneous audio/visual). This service is normally required to be provided in person. The MI Care Team uses a once-in-a-lifetime-per-beneficiary HAP to be paid only for the first month that a beneficiary participates in the MI Care Team program. This once-in-a-lifetime-per-beneficiary rate represents reimbursement for certain actions and services, including but not limited to initial care plan development. MI Care Team HAP telemedicine services should be submitted on the professional invoice and must be reported with Place of Service 02-Telehealth and the GT – interactive telecommunication modifier.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Laura Kilfoyle via e-mail at KilfoyleL@michigan.gov.

Please include "COVID-19 Response: Telemedicine Policy Rate Change" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

Approved



Kate Massey, Director
Medical Services Administration