

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Laura Kilfoyle

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Initial

Public Comment

Final

Brief description of policy:

This policy updates requirements for Asynchronous Telemedicine: Interprofessional Telephone/Internet/Electronic Health Record Consultations (eConsults) per updated CMS guidance.

Reason for policy (problem being addressed):

CMS issued updated guidance regarding requirements for Asynchronous Telemedicine: Interprofessional Telephone/Internet/Electronic Health Record Consultations (eConsults) and this policy updates Michigan Medicaid policy to those requirements.

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?

Yes, updated guidance from CMS.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide status: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Denied Date: _____ Approval Date: _____	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Submission Date: 6/15/23
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DRAFT FOR PUBLIC COMMENT		
Michigan Department of Health and Human Services	Project Number: 2333-Telemedicine	Date: August 16, 2023

Comments Due: September 20, 2023

Proposed Effective Date: December 1, 2023

Direct Comments To: Laura Kilfoyle

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<p>Policy Subject: Asynchronous Telemedicine: Interprofessional Telephone/Internet/Electronic Health Record Consultations (eConsults), Updated Requirements</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MICHild</p> <p>Distribution: Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Hospitals, Rural Health Clinics (RHC), Tribal Health Centers (THCs), Pharmacy Providers, Integrated Care Organizations (ICO)</p> <p>Summary: This policy updates Asynchronous Telemedicine Interprofessional/eConsults policy requirements.</p> <p>Purpose: To update Asynchronous Telemedicine Interprofessional Consultations (eConsults) policy to align with updated CMS guidance.</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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, date submitted: August 14, 2023	Public Notice Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Submitted date: June 15, 2023
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Tribal Notification: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - Date: June 13, 2023
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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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Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Hospitals, Rural Health Clinics (RHC), Tribal Health Centers (THCs), Pharmacy Providers, Integrated Care Organizations (ICO)

Issued: November 1, 2023 (Proposed)

Subject: Asynchronous Telemedicine: Interprofessional Telephone / Internet / Electronic Health Record Consultations (eConsults), Updated Requirements

Effective: December 1, 2023 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MICHild

Michigan Medicaid provides coverage for consultations in various forms (refer to the Practitioner chapter of the [Michigan Department of Health and Human Services \[MDHHS\] Medicaid Provider Manual](#) for further information). This policy addresses interprofessional consultations (including eConsults), which are defined as a type of asynchronous telemedicine service in which the beneficiary's Medicaid-enrolled treating provider (e.g., attending or primary) requests the opinion and/or treatment advice of a Medicaid-enrolled consulting provider with the specialty expertise to assist in the diagnosis of a condition and/or management of the beneficiary's condition without beneficiary face-to-face contact with the consulting provider. The service must be for the direct benefit of the beneficiary, directly relevant to the individual beneficiary's original evaluation, diagnosis, and/or treatment, and must conclude with a written report from the consulting provider to the treating provider.

The beneficiary for whom the service is requested may be either a new or established patient to the consulting provider. Service time is based on the total review and interprofessional communication time. The review of beneficiary information, including but not limited to medical records, laboratory studies, imaging studies, medications, and pathology reports, is included in the service and should not be separately reported. The written or verbal request for the consultation must be documented in the beneficiary's medical record by the treating provider. Additional documentation requirements (within the medical record of the beneficiary) include date of service; name of provider agency or person providing the service; nature, extent, or units of service; and the place of service, along with all record keeping requirements as outlined in the MDHHS Medicaid Provider Manual. Providers must also consult with the American Medical Association (AMA) coding guidelines to ensure appropriate reporting of

these services. Providers should not report interprofessional telephone/internet/electronic health record consultations when the sole purpose of the communication is to arrange a transfer of care or other face-to-face service. In consultations that cross state lines, consulting providers must be an enrolled Medicaid provider in the state in which the beneficiary resides, though they need only be licensed/credentialed in the state in which they are practicing. Interprofessional consultations that occur across state lines require prior authorization.