

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Laura Kilfoyle

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Initial

Public Comment

Final

Brief description of policy:

This policy updates the types of providers who can render/be reimbursed for telemedicine services to include virtual-only and Psychology Interjurisdictional Compact (PSYPACT) providers.

Reason for policy (problem being addressed):

To clarify out-of-state provider policy; delineate legal authority for telemedicine services; detail responsibilities for out-of-state providers; define Virtual-Only providers and their privileges; and to add PSYPACT providers to allowable telemedicine providers.

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?

Yes - Provider Enrollment, Managed Care Plan Division.

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: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	If yes, Submission Date:
Date: _____ Approval	Date: _____

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2345-Telemedicine	Date: November 8, 2023

Comments Due: December 13, 2023
Proposed Effective Date: March 1, 2024
Direct Comments To: Laura Kilfoyle
E-Mail Address: KilfoyleL@michigan.gov
Phone: _____ **Fax:** _____

Policy Subject: Telemedicine Authorized Provider Policy Update

Affected Programs: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services, Maternity Outpatient Medical Services (MOMS), MICHild

Distribution: Practitioners, Hospitals, Nursing Facilities, Federally Qualified Health Centers (FQHC), Local Health Departments (LHD), Rural Health Clinics (RHC), Community Mental Health Services Programs (CMHSP), Prepaid Inpatient Health Plans (PIHP), Medicaid Health Plans (MHP), Tribal Health Centers (THC), School Services Program (SSP) Providers, Dentists, Dental Clinics, Dental Health Plans, Hearing Aid Dealers, Cochlear Implant Manufacturers, Audiologists/Hearing Centers, Vision Providers

Summary: This policy updates the types of providers who can render/be reimbursed for telemedicine services to include virtual-only and PSYPACT providers.

Purpose: To clarify out-of-state provider policy; delineate legal authority for telemedicine services; detail responsibilities for out-of-state providers; define Virtual-Only providers and their privileges; and to add PSYPACT providers to allowable telemedicine providers.

Cost Implications: Budget neutral

Potential Hearings & Appeal Issues: None.

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, date submitted:	Submitted date:

Tribal Notification: Yes No - **Date:** Policy does not apply to Tribes due to federal regulations that supersede state policy.

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, Hospitals, Nursing Facilities, Federally Qualified Health Centers (FQHC), Local Health Departments (LHD), Rural Health Clinics (RHC), Community Mental Health Services Programs (CMHSP), Prepaid Inpatient Health Plans (PIHP), Medicaid Health Plans (MHP), Tribal Health Centers (THC), School Services Program (SSP) Providers, Dentists, Dental Clinics, Dental Health Plans, Hearing Aid Dealers, Cochlear Implant Manufacturers, Audiologists/Hearing Centers, Vision Providers

Issued: February 1, 2024 (proposed)

Subject: Telemedicine Authorized Provider Policy Update

Effective: March 1, 2024 (proposed)

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

This policy delineates authorized providers who are permitted to render services via telemedicine within Michigan Medicaid. All providers must ensure compliance with all other telemedicine policy as outlined within the Telemedicine chapter of the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#).

General Information

In alignment with the Michigan Insurance Code of 1956 (Act 218 of 1956), Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the beneficiary is located. The provider at the distant site who is licensed under State law to furnish a covered telemedicine service (as described in telemedicine policy) may bill, and receive payment for, the service when it is delivered via a telecommunications system.

Telemedicine providers must be enrolled in Michigan Medicaid and must have the ability to refer the beneficiary to another provider of the same type or specialty who can see the beneficiary in person when necessary. If rendering services within a managed care plan, providers must refer beneficiaries to resources within the plan for additional services as needed.

Out-of-State/Beyond Borderland Providers

Michigan Medicaid Telemedicine policy permits providers who are licensed in another state to render/be reimbursed for telemedicine services for Michigan Medicaid-enrolled beneficiaries if the beneficiary is in the state where the provider is located.

Unless otherwise specified in policy, telemedicine providers associated to a billing provider located outside of Michigan must obtain Prior Authorization (PA) for services. Providers should refer to the Out of State/Beyond Borderland Providers section in the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for situations where PA could be approved.

See below (Psychology Interjurisdictional Compact [PSYPACT]) for specific situations where an out of state licensed provider is otherwise authorized to render/be reimbursed for telemedicine services.

Virtual-Only Providers

Telemedicine providers who do not have a physical location for treatment, but are Michigan licensed and meet all other Medicaid enrollment requirements, are considered “Virtual-Only”, and are permitted to render services for Michigan Medicaid-enrolled beneficiaries.

Virtual-only providers not associated to a Michigan billing provider within CHAMPS will be subject to out-of-state provider PA requirements. Providers should refer to the Out of State/Beyond Borderland Providers section in the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for situations where PA could be approved.

Virtual-Only providers must report POS 02 or 10 along with the appropriate modifier when submitting claims/encounters via telemedicine.

PSYPACT

Telemedicine providers who have an Authority to Practice Interjurisdictional Telepsychology (APIT) certificate from the PSYPACT Commission are eligible to render/be reimbursed for telemedicine services for Medicaid beneficiaries as authorized under the compact and allowed by Medicaid telemedicine policy.

PSYPACT providers must abide by the same telemedicine requirements as all other telemedicine providers and services performed by PSYPACT providers are subject to PA requirements that would apply if the provider were located in-state. Providers should refer to the Community Health Automated Medicaid Processing System (CHAMPS) Code Rate and Reference tool for service specific in-state authorization requirements.

PSYPACT providers must report POS 02 or 10 along with the appropriate modifier when submitting claims/encounters via telemedicine.

PIHP/CMHSP Providers

Telemedicine providers who are rendering services within the specialty behavioral health system must follow all PIHP/CMHSP enrollment procedures. These PIHP/CMHSP providers are required to be affiliated to the beneficiary's care team (via a shared medical record or a referral relationship) to ensure that the beneficiary has reasonably frequent and periodic in-person evaluations to personally reassess and update the beneficiary's medical treatment/history, effectiveness of treatment modalities, and current medical/behavioral condition and/or treatment plan.