

Ohio Medicaid's Telehealth Coverage During the State of Emergency

Marisa Weisel

Ohio Department of Medicaid

Deputy Director of Strategic Initiatives



OAC [5160-1-21](#): Telehealth during a state of emergency

- Applicable for dates of service beginning on March 9, 2020 - when Governor DeWine declared a state of emergency.
 - Claims for dates of service beginning March 9, 2020 and for the duration of the state of emergency will be considered valid
- Applies to Medicaid fee-for-service (FFS), Medicaid Managed Care Plans (MCPs), and MyCare Ohio Plans (MCOPs).
- Frequently asked questions, detailed billing guidance available at: <https://medicaid.ohio.gov/COVID/ODM-Emergency-Telehealth>

Purpose of Ohio Medicaid's Telehealth Changes in Response to COVID-19

- Ensure continuity of care for Medicaid beneficiaries at a time when providers faced an unprecedented demand responding to COVID-19.
 - Continuation of treatment and monitoring of conditions for chronically ill members with little to no disruption.
 - Timely administration of preventative care measures.
 - Evaluation of, and attention to emerging medical/behavioral health concerns.
- Broaden the list of providers and types of service available through telehealth to protect health care workers and members from infection and spread of the virus.
- Simplify the way telehealth services could be offered so patients could access them easily.

Overview of Emergency Provisions

- **Definition of Telehealth:** changed to include additional forms of communication: telephone, fax, email, and other methods that may not have both audio and video.
- **Patient Location:** individuals can access telehealth services wherever they are located: homes, schools, temporary housing, hospitals, nursing facilities, group homes, and any other location, except for a prison or correctional facility.
- **Providers Location:** can deliver telehealth services from any location, including their own home offices and other non-institutional settings.
- **New & Established Patient Status with Provider:** individuals can access telehealth services without having an established relationship with a provider.
- **Significant Expansion of Rendering Practitioners & Billing Providers.**
- **Significant Expansion of Services:** including a number of previously uncovered services that are covered by Medicare.
- **Privacy in and Emergency:** The rule adopts guidelines found in the Office of Civil Rights' "Notification of HIPAA Enforcement Discretion for Telehealth Remote Communication During the COVID-19 Nationwide Public Emergency."

Telehealth Rendering Providers (MITS Provider Types)

Wide variety of practitioner types that provide physical and behavioral health care to pregnant and postpartum women, their babies, and their families.

- Physician and Psychiatrist (20)
- Podiatrist (36)
- Psychologist (42)
- Physician Assistant (24)
- Dentist (30)
- Advanced Practice Registered Nurses:
 - Clinical Nurse Specialist (65)
 - Certified Nurse Midwife (71)
 - Certified Nurse Practitioner (72)
- Licensed Independent Social Worker (37)
- Licensed Independent Chemical Dependency Counselor (54)
- Licensed Independent Marriage and Family Therapist (52)
- Licensed Professional Clinical Counselor (47)
- Dietitians (07)
- Audiologist (43)
- Occupational Therapist (41)
- Physical Therapist (39)
- Speech-language pathologist (40)
- Practitioners who are supervised or cannot practice independently:
 - Supervised practitioners and supervised trainees defined in 5160-8-05
 - Occupational therapist assistant
 - Physical therapist assistant
 - Speech-language pathology aide
 - Audiology Aide
 - Individuals holding a conditional license as described in section 4753.071 of the Revised Code
 - Licensed health professionals providing medically necessary supportive services
- Registered Nurses (RN) and Licensed Practical Nurses (LPN) working in a hospice or home health setting
- Non-Agency Nurses (38)
- Medicaid School Program (MSP) practitioners described in 5160-35 of the Administrative Code
- Other providers as designated by ODM

Billing Provider Types (MITS Provider Type/Specialty)

- Rendering practitioners listed in the previous slide, with the following exceptions:
 - Supervised practitioners and supervised trainees defined in 5160-8-05
 - Occupational therapist assistant
 - Physical therapist assistant
 - Speech-language pathology and audiology aides
 - Individuals holding a conditional license
 - Registered Nurses (RN) and Licensed Practical Nurses (LPN) working in a hospice or home health setting
- Professional Medical Group (21)
- Professional Dental Group (31)
- Federally Qualified Health Center (12)
- Rural Health Clinic (05)
- Ambulatory Health Care Clinics (50)
- Outpatient Hospitals (01)
- Psychiatric Hospitals providing OPHBH services (02)
- Medicaid School Program Provider (28)
- Other providers as designated by the Director of ODM

Emergency Telehealth Changes Positively Affects Pregnant & Postpartum Women and their Families

- Reduces/eliminates transportation needs – a factor known to inhibit continuous pre-natal care
- Fosters relationships between patients and providers – it's common that pregnant women residing in areas with gaps in maternal care rely more heavily on emergency room care
- Strengthens prenatal care continuity – the emergency telehealth rule enables patients to keep in touch with providers simply by using their landline phones or cell phones
- Mental health services available through relaxed telehealth rules enables access and reduces sense of isolation, and avoids concerns that might be associated with mental health stigma.
- Can help close health care disparities by making providers more accessible, restrictions less onerous and consistency more likely because time and travel are removed as considerations.

Continued Importance of In-Person Care

- Pregnant women are and will continue to be encouraged to visit their doctors in person. Many prenatal care procedures require face-to-face interactions.
 - Growth measurements (belly)
 - Urine tests
 - Ultrasound
 - Heartbeat monitoring
- [CDC posted guidance](#) emphasizing the importance of routine well child care and immunization during the pandemic, particularly for children aged ≤24 months, when many childhood vaccines are recommended.
 - Do not postpone well-child checkups, including routine vaccinations..
 - During the COVID-19 pandemic, immunizing children is still very important.
 - Pediatricians have additional safety protocols in place to protect families during well-child visits during the outbreak.

Buprenorphine Requirements Updated During COVID-19

- The requirement to conduct an in-person initial visit has been waived for the term of the emergency. This visit may now be conducted via telephone. The SAMHSA announcement may be found [HERE](#), and includes the following language:
- OTPs should feel free to dispense, and DATA-waived practitioners should feel free to prescribe, buprenorphine to new patients with OUD for maintenance treatment or detoxification treatment following an evaluation via telephone voice calls, without first performing an in-person or “telemedicine evaluation.”

Prescribing MAT During COVID-19

Telemedicine Guidance - State Medical Board of Ohio

- Effective March 9, 2020, providers can use telemedicine in place of in-person visits. Throughout the declared Covid-19 emergency, the SMBO will not enforce in-person visit requirements normally required in SMBO rules. Suspension of these enforcement requirements includes, but is not limited to:
 - Prescribing controlled substances
 - Prescribing for subacute and chronic pain
 - Prescribing to patients not seen by the provider
 - Pain management
 - Medical marijuana recommendations and renewals
 - Office-based treatment for opioid addiction
- Providers must document their use of telemedicine and meet minimal standards of care. The Medical Board will provide advance notice before resuming enforcement of the above regulation when the state emergency orders are lifted.