Telehealth Update

ODM Director Maureen Corcoran

September 1, 2020
Emergency Telehealth Expansion
ODM’s COVID-19 Response

- Expanded telehealth services to include a wide array of medical, clinical and behavioral health providers and counselors
- Eased technology restrictions on patient-physician interaction to deliver telehealth services
- Temporarily reduced prior authorization requirements
- Eliminated in- and out-of-network restrictions & pharmaceutical co-pays while increasing pharmacy reimbursements for over the counter medications
- Enabled nursing home and congregate care members to access telehealth services with no prior authorization
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.

"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

Early data shows telehealth use skyrocketed during initial months of the COVID-19 State of Emergency.

Physical Health Service
Telehealth claims
1,000 → 200,000
average claims per month before March 2020
claims made in April 2020

Mental Health and Addiction Service telehealth claims
4,000 → 270,000
average claims per month before March 2020
claims made in April 2020
Telehealth Moving Forward
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**
Permanent Telehealth Rule Process: 5160-1-18

Original File Rule with JCARR

ODM Public Hearing

JCARR Hearing

Final File Rule

**TIMELINE**

- **August 31**
  Permanent Rule Filed

- **October 1**
  ODM Public Hearing

- **November 5**
  Permanent Rule final filed

- **November 14**
  Emergency Rule Expires

- **November 15**
  Permanent Rule Effective

- **December**
  Permanent Rule Effective

August

September

October

November

December
Supporting Rule Changes

ODM is working to line up rule package effective dates as closely as possible

**Long-Term Services and Supports**
- Around 80 rules regarding HCBS, nursing facilities, assisted living, home health, private duty nursing, and hospice providers
- Retains provisions from emergency rule to allow telehealth when clinically appropriate

**Community Behavioral Health Rule Changes**
- Retains emergency rule provisions to ensure telehealth services are allowed
- Removes “face-to-face” requirement and removes prohibition on services delivered using telephone or video conference
- Allows greater flexibility for fidelity reviews of ACT and IHBT providers

**Outpatient Hospital Behavioral Health Rule Changes**
- Clarifies behavioral health outpatient policies
Telehealth Rule Outline & Updates
In early 2020, many flexibilities were granted to help rapidly relax telehealth regulations in response to COVID 19.

ODM is unclear on how HHS will approach HIPAA guidance and telehealth once the Federal State of Emergency ends.

For example: FaceTime is an acceptable medium for telehealth under the temporary OCR HIPAA guidance – but that may not be maintained in future guidance.
Proposed Permanent Telehealth Rule

1. Defines Patient Site, Practitioner Site, and Telehealth

   Maintains asynchronous communication options

What are the changes?

- Telehealth definition now includes remote patient monitoring
- Removes fax as a communication medium
- Communication transfers can occur via “secure patient portal”
- Removes patient & practitioner location restrictions
- Maintains telephone-only service codes 99441 and 99442 but removes 99443
Proposed Permanent Telehealth Rule

2. Defines Eligible Providers

Maintains all eligible providers from the emergency rule

What are the changes?

- Adds audiology board individuals with a conditional license
- Adds optometrists
- Outpatient hospitals are limited to billing for OPBH services and for services on behalf of licensed psychologists and independent BH practitioners
Proposed Permanent Telehealth Rule

Details Provider Responsibilities

What are the changes?

- Requires patients be seen in person at least annually by either the telehealth provider or the provider usually responsible for delivering clinical care, other than an ER provider.

- Adds requirement that practitioners must adhere to rules promulgated by respective licensing boards.
Proposed Permanent Telehealth Rule

Outlines Services Eligible for Telehealth

What are the changes?

- Preserves ability for all telehealth providers to bill consultation E&M codes
- “End stage renal disease” is replaced with “dialysis related services” to be more inclusive
- Optometry services are added
- Adds periodic oral evaluation as a covered telehealth dental service
- Adds interactive complexity which was not previously included in emergency rule
Proposed Permanent Telehealth Rule

Outlines Conditions for Payment

What are the changes?

- Removes provision from the emergency rule allowing a practitioner site to bill an originating fee through telehealth.

- Adds requirements regarding claims submission clarifying providers must follow ODM billing guidelines when submitting telehealth claims.
Questions and Contact Information

Link to rule
http://www.registerofohio.state.oh.us/rules/search/details/314341

Provide feedback to the Ohio Department of Medicaid by emailing rules@medicaid.ohio.gov.