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Ohio Medicaid begins process to permanently expand telehealth services

Agency takes step to increase access to quality care and provide flexibility to patients and providers

COLUMBUS, Ohio—The Ohio Department of Medicaid (ODM) announced today that it has filed permanent rules to continue expanded telehealth options throughout the COVID-19 pandemic and beyond. The proposed rules expand eligible telehealth services and eligible providers while relaxing barriers for patients accessing telehealth.

In March, in response to the pandemic, the DeWine administration and ODM took swift action to enhance telehealth options for Medicaid members and providers, along with other significant regulatory relief. The rules allowed Medicaid doctors, specialists, therapists and a wide variety of practitioners to use telehealth for many services previously limited to in-person visitations. Medicaid also approved a wider array of telehealth communications modes including email, telephone, and commonly used internet conferencing platforms

Ohio Medicaid received overwhelming support from both patients and providers for the telehealth expansion.

“The relaxation of rules regarding telehealth has undoubtedly led to significantly better care for our patients during these challenging times,” said Central Ohio Primary Care Physicians Senior Medical Director of Ambulatory Services Robert Stone, MD. “Making those changes permanent would make those benefits permanent as well – it represents an important step forward in advancing quality patient care.”

In light of the positive feedback from patients and providers, ODM is reaffirming its commitment to providing innovative and quality care to Ohio Medicaid members. The proposed rules will continue the relaxed regulations at least for the duration of the pandemic, with reform beyond that time dependent on continued federal flexibility.

“This permanent expansion of clinically appropriate telehealth services allows us to increase access to quality care while maintaining the fiscal sustainability and integrity of Ohio’s Medicaid program,” said Maureen Corcoran, director at Ohio Medicaid.

Preliminary data shows that telehealth provided a much-needed lifeline to health care services during the initial months of the COVID-19 state of emergency—particularly for behavioral health services. Since the telehealth coverage expansion in March, there have been at least 627,197 members using services totaling approximately 2.6 million claims. Of that number, 200,930 members received telehealth services from certified Ohio Department of Mental Health and Addiction Services (MHAS) behavioral health providers totaling approximately

1.28 million claims, and at least 480,305 Medicaid members received telehealth services from non-MHAS providers totaling 1.3 million claims.

As comparison, before the emergency, ODM providers averaged less than 1,000 telehealth claims per month for physical health services, and 4,000 telehealth claims per month for mental health and addiction services.

“During a time when families are juggling remote learning, work-from-home, and the additional stressors of life during a pandemic, ODM is committed to ensuring members can conveniently access quality healthcare services – especially mental health and addiction services” stated Director Corcoran. “Expanding telehealth is the silver lining of the COVID-19 pandemic.”

The rule will be reviewed by the Joint Committee on Agency Rule Review (JCARR) and is on track to become effective as the current emergency rule expires. The rules appear on the Register of Ohio and can be found here: <http://www.registerofohio.state.oh.us/rules/search/details/314341>. Citizens and stakeholders can provide feedback to the Ohio Department of Medicaid by emailing rules@medicaid.ohio.gov.”

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