

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Janell Troutman

Phone Number:

Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to describe program parameters for the use of telehealth within the Maternal Infant Health Program (MIHP) following the conclusion of the federal public health emergency.

Reason for policy (problem being addressed):

Telehealth services increase person-centered care by allowing flexibility in program delivery.

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?

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 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: MIHP-2246	Date: October 24, 2022

Comments Due: November 28, 2022

Proposed Effective Date: January 1, 2023

Direct Comments To: Janell Troutman

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<p>Policy Subject: Maternal Infant Health Program Telehealth</p> <p>Affected Programs: Medicaid, MIChild, Maternal Infant Health Program, Maternity Outpatient Medical Services</p> <p>Distribution: Maternal Infant Health Program Providers, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers</p> <p>Summary: This policy describes program parameters for the use of telehealth within the Maternal Infant Health Program (MIHP) following the conclusion of the federal public health emergency.</p> <p>Purpose: Telehealth services increase person-centered care by allowing flexibility in program delivery.</p> <p>Cost Implications: Budget neutral.</p> <p>Potential Hearings & Appeal Issues: None.</p>
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State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes No - **Date:**

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 *(please print)*

Date

Comment001

Revised 6/16

Proposed Policy Draft

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

Distribution: Maternal Infant Health Program Providers, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Clinics

Issued: December 1, 2022 (Proposed)

Subject: Maternal Infant Health Program Telehealth

Effective: January 1, 2023 (Proposed)

Programs Affected: Medicaid, MIChild, Maternal Infant Health Program, Maternity Outpatient Medical Services

The purpose of this policy is to describe program parameters for the use of telehealth within the Maternal Infant Health Program (MIHP). Telehealth services increase person-centered care by allowing flexibility in program delivery. MIHP providers are required to follow current Medicaid telemedicine policy requirements.

Coverage Parameters for MIHP Telehealth

Beginning the day following the last day of the federal COVID-19 Public Health Emergency (PHE), MIHP agencies will be allowed to provide up to 30% of all professional visits across the total agency caseload via telehealth. At least 70% of all professional visits across the total agency caseload must be provided in person. Telehealth visits must include a dual audiovisual platform. Providers must ensure the privacy of the beneficiary and the security of any information shared via telehealth. MDHHS requires either direct or indirect patient consent for all services provided via telehealth. This consent must be properly documented in the beneficiary medical record in accordance with applicable standards of practice. This requirement aligns with section 16284 of State of Michigan Public Act No. 359, effective March 29, 2017. Client chart documentation must also include reason for telehealth visit. Telehealth visits must follow policy guidelines and program requirements for typical MIHP professional visits.

Appropriate use of telehealth will be determined by a combination of beneficiary preference and MIHP provider judgement. Examples of when telehealth is an appropriate option may include, but is not limited to circumstances such as when a participant:

- Refuses an in-person visit and would benefit from receiving MIHP services,
- Has an illness in their household, or

- Needs to share sensitive information that cannot be discussed in the home environment and a transportation barrier exists for an office visit.

Inappropriate use of telehealth may include, but is not limited to, circumstances such as when a participant has no barrier for an in-person visit and does not request a telehealth visit.

Maternal Risk Identifier and Infant Risk Identifier visits cannot be conducted via telehealth. Agencies can complete a maximum of 30% of their total visits as telehealth, while 70% of visits must remain as in-person visits. This percentage is applied to the agency and not per beneficiary to allow for dosage of telehealth visit flexibility dependent on beneficiary needs.

Telehealth visits that occur via telephone-only are allowable only when a beneficiary barrier exists for use of an audiovisual platform (e.g., lack of smart phone or internet access). Documentation in the beneficiary chart must include the reason for a telephone-only visit.

Billing and Reimbursement Considerations

- MIHP program codes that may be billed as telehealth are indicated on the program specific fee schedule (please refer to the current MIHP fee schedule for code description and rate)
- All MIHP telehealth services must be reported with:
 - Modifier 95 - Synchronous Telemedicine Service
 - Place of Service code that would typically be used if the beneficiary were in person for the visit (e.g., home or office)
- Claims for services provided as telephone-only must include a remark that states “services provided via telephone”

For further program-based telehealth requirements, refer to the MIHP Operations Guide.