



UTAH MEDICAID GUIDANCE
TELEHEALTH Q & A FOR COVID-19 EMERGENCY

In response to the COVID-19 emergency, and the potential for Medicaid members to experience decreased access to needed services, Utah Medicaid is clarifying our policy regarding the delivery of covered services via telehealth. While some components of the guidance reflect Medicaid’s ongoing policy, other parts pertain to the emergency time period. Utah Medicaid is currently defining this period to extend to April 30, 2020, but will re-evaluate as circumstances require.

What types of services can be delivered through telehealth?

Any covered Medicaid State Plan service that is clinically appropriate, that does not require hands-on care, examination, testing or interaction with the Medicaid member, and can be reasonably accommodated, may be provided through telehealth.

Can telehealth be utilized statewide?

Yes, telehealth can be used to deliver services statewide.

Must a reimbursable telehealth service include video/teleconferencing?

No, while use of video/teleconferencing is typically required, a telephone call between the provider and the member, when clinically appropriate, is permitted at this time.

How does a provider bill for telehealth services?

For fee-for-service claims submitted directly to Medicaid, the provider must bill using “place of service - 02” when submitting the claim. For Medicaid Managed Care Plans, please contact the plan the member is enrolled in for additional information.

Are Medicaid Managed Care Plans required to follow Medicaid’s policy?

Yes, by contract, managed care plans that contract with Utah Medicaid are required to follow Medicaid’s benefit and coverage policies.

What documentation must be kept for telehealth services?

At a minimum, the provider should follow current policies regarding documentation of delivered services.

Is the rate paid to the provider for services delivered via telehealth different than services delivered in person?

No, the rate is the same whether services are delivered in person or through telehealth.

Are either the provider or Medicaid member required to have special equipment or computer applications to participate in telehealth?

It depends. Our previous general definition of telehealth typically involved videoconferencing equipment in a clinician’s office and another remote site that was usually another clinic or medical office. Based on rapidly evolving guidance from Centers for Medicare and Medicaid Services (CMS) and the federal Department of Health and Human Services (HHS), at this time, we are including a broader concept of telehealth services to include a Medicaid member’s home or other community settings.

Depending on the type of service provided, more traditional telehealth equipment may still be utilized, but for other services, use of more routine telephonic/video chat software may be utilized.

Do telehealth services need to be provided using a HIPAA compliant format?

CMS provided some guidance on this topic on March 17, 2020

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

This guidance states in part:

“A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.”

Although allowed under the emergency guidance from the Health and Human Services at the federal level, Utah Medicaid policy requires providers to use HIPAA compliant means of communicating (i.e., Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet) to the greatest extent possible.

Will Medicaid be making any permanent changes to its telehealth policy?

Yes, there are several changes that we will be making soon. These include, use of telephone only telehealth for certain services, reimbursement for originating site and use of asynchronous telehealth (store and forward) for certain services

Where can I send additional comments or questions?

Additional questions or comments can be sent to: medicaidmemberfeedback@utah.gov