

Updated 05.26.20

In response to guidance from Medicaid regarding telehealth services, please use the following information when documenting consent and professional visits:

- The effective date of billing for telehealth visits is March 18th, as stated in MSA20-12. Telehealth visits conducted prior to that date are not reimbursable.
- Telehealth services include telephone, telemedicine, and video technology that is commonly available on a Smartphones (e.g., FaceTime).
- Verbal consent from beneficiary/caregiver must be obtained prior to providing telehealth services.
- For multiple births, verbal documentation is required for all beneficiaries in a shared household (i.e., for twins each baby has separate verbal consent).
- Reimbursement rates will follow the current MIHP fee schedule for allowable telehealth codes.
- All requirements in the MIHP Operations Guide apply to billable telehealth services (30-minute minimum, number of visits allowed, content to be covered, etc.)
 - o Telehealth services must be conducted in accordance with the Assessment or Professional Visit requirements.
 - o The guidance in Medicaid Bulletin 20-12 recommends obtaining two pieces of identification from beneficiaries at initial visits. Social Security number is provided as an example, but not a requirement. Approved pieces of identification can include Medicaid number or a state-issued identification or driver's license.
 - o Any required hard-copy documentation (Lead Fact Sheet, Rights and Responsibilities etc.) normally provided at the Assessment Visit must be discussed during the telehealth visit and presented at the first in-person visit.

Consent Form [MDHHS – 5646, 5652 and 5647] – New enrollments and Transfers

Due to the character spacing issues, please be advised that there have been changes to this section.

In the Beneficiary Name (Printed) or Infant Beneficiary Name (Printed) text box write in the beneficiary name, in the Legal Representative text box write “Verbal Consent – MM/DD/YY.” At the next in-person visit, the beneficiary/caregiver must initial the verbal consent entry and sign and date the document.

Consents secured using previous COVID-19 telehealth guidance are acceptable.

Consent Form to Release PHI [MDHHS – 5645 and 5653] – New enrollments and existing beneficiaries

For new enrollments: In the Beneficiary Name (Printed) or Infant Beneficiary Name (Printed) text box write in the beneficiary name, in the Legal Representative text box write “Verbal Consent – MM/DD/YY.” At the next in-person visit, the beneficiary/caregiver must initial the verbal consent entry and sign and date the document.

For new and existing beneficiaries: In the “Other parties with whom information may be exchanged” section, on the same line write in “Telehealth,” the date verbal consent was obtained and “Verbal Consent Obtained.”

- At the first in-person visit, the beneficiary/caregiver must input the date and initial the “Telehealth” entry.

Contact Log [MDHHS – 5649]

Write “Telehealth Consent Obtained – COVID-19” and the date consent was obtained.

Professional Visit Progress Note [MDHHS – 5636, 5635 and 5641]

Location of Visit – Check “Other” and write in Telehealth

Entering Risk Identifiers

The location designation for telehealth completed Risk Identifiers in the MIHP application is “Office.” Services are being rendered from the provider’s office and the telehealth reimbursement amount aligns with that location.

Reimbursement

Please refer to Medicaid Policy Bulletin MSA 20-09 and additional guidance document provided via the MIHP Alert on 03/19/20 for supplemental reimbursement information.

****NEW* Discharging Beneficiaries Prior to Obtaining Written Telehealth Consent***

For beneficiaries who provided verbal consent for telehealth services but for whom an in-person visit was not completed, document on the Contact Log: “Beneficiary discharged prior to in-person visit, telehealth written consent not obtained.”