

Updated 5/18/21

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

- The effective date of billing for telehealth visits is March 18th, 2020 as stated in Medicaid Bulletin 20-12.
- Telehealth visits conducted prior to that date are not reimbursable.
- Telehealth services include telephone, telemedicine, and video technology that is commonly available on a smartphone (e.g., FaceTime, Tango, etc.) or via a computer application (e.g., Zoom, Skype, etc.).
- Verbal consent from beneficiary/caregiver must be obtained prior to providing telehealth services.
- For multiple births, verbal consent 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.)
 - Telehealth services must be conducted in accordance with the Assessment or Professional Visit requirements.
 - 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.
 - 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

- 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

New enrollments:

- In the Beneficiary Name (Printed) or Infant Beneficiary Name (Printed) text box write in the beneficiary's 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.

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.

Plan of Care Three [MDHHS – 5676]

- It is the expectation during telehealth that both disciplines discuss the beneficiary’s initial plan of care or care plan revisions and sign the Plan of Care Three within 10 days of each other. If both signatures cannot be secured there must be a note on the signature line of the discipline unable to sign documenting the date that case consultation occurred within 10 days.

Ex: “Plan of Care Discussed XX/XX/XXXX”

- At the next opportunity, the home visiting professional who was unable to sign the original must sign and date. Plan of Care Three forms that were secured using previous COVID-19 telehealth guidance are acceptable.

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

- Location of Visit – Check “Other” and write in Telehealth. You may also write Telephone if the visit was conducted via phone, to align with revised claims guidance (effective 6/1/21)

Entering Risk Identifiers

- The location designation for telehealth completed Risk Identifiers in the MIHP application is “Office.”

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.”