

Public Health Emergency Unwinding

Medicaid PHE Unwinding Brief: Provider Information

Currently, the PHE is still in effect allowing Kentuckians receiving Medicaid to maintain their health coverage. On January 30, 2023, the Biden administration announced that the PHE is set to end on May 11, 2023. This announcement gave states 101 days to prepare for the PHE unwinding. Regardless of when this PHE ends, due to a new federal law, Kentucky will begin annual renewals in April 2023 and will continue renewals over 12 months.

After the PHE ends, many of the flexibilities implemented to relieve provider and beneficiary burden will unwind. Kentucky is taking important steps to ensure the flexibilities that improved care for Kentuckians can be established in state policy and continue beyond the PHE. This document briefly outlines the flexibilities with a focus on those that will impact providers as they are unwound or continue beyond the PHE.

Provider Enrollment:

Providers will need to come into compliance with the revalidation requirement once the PHE ends. If you are a provider whose revalidation due date occurred during the PHE and as a result did not submit a revalidation to Kentucky Medicaid, we now encourage you to complete and submit a revalidation for reviewing and processing in a timely manner and in accordance with Federal guidance. **ACT NOW!**

Once the PHE is lifted, providers temporarily enrolled will be required to submit a maintenance application through KYMPPA to remain enrolled with KY Medicaid. These Providers will be subjected to applicable screening activity and/ or an application fee that may have been waived due to temporary enrollment. Failure to submit a maintenance application to remain enrolled in Kentucky Medicaid beyond the PHE will result in your enrollment ending.



To the extent possible, providers were encouraged to provide all services via telehealth during the PHE to deliver care safely and avoid COVID-19 transmission. The expansion of telehealth coverage and services during the pandemic improved access to care, and the state took action to make the changes permanent following the PHE.

House Bill 140 was passed during the 2021 legislative session and will be fully implemented as the PHE ends.

The bill:

- Expanded the definition of telehealth to include remote patient monitoring (RPM), where patient data can be collected remotely and analyzed by the provider
- ✓ Required reimbursement at the same rate as in-person visits
 - MCOs are required to follow Medicaid policy Report problems to ProviderMCOInquiry@ky.gov or submit this form
 - DMS allows reimbursement for medically necessary covered telehealth services provided across state lines to a Kentucky Medicaid beneficiary by an enrolled Medicaid provider
- Addressed access barriers by allowing services to continue to be delivered through standard, audio-only telephone calls when audiovisual technologies are not available or practicable treated as synchronous telehealth
 - DMS incorporated telephonic codes (99411-99413) available for specific evaluation and management services by providers into the Medicaid program, and these will continue to be available following the PHE

- ✓ Removed the face-to-face restriction for behavioral health services
- ✓ Allowed CSWs under billing supervision to conduct their customary services as appropriate via telehealth if under the clinical supervision of an LCSW
- ✓ Included acceptance of electronic signatures or consent releases for telehealth

Telehealth services do have some restrictions across the state. Text messaging services do not suffice as the only communication for a telehealth service. A text can initiate a session or enhance telehealth services but are not reimbursable under the G codes available for "telehealth-like" services.

Prescription Medications:

Early refills were allowed for 30, 60, or 90 days of medication supplies.

This flexibility will end with the PHE.

The following public-facing services are not for the provision of telehealth, as <u>stated by the Office of Civil Rights</u> to maintain HIPAA compliance:

▼ Facebook Live

Twitter

▼ TikTok

Additionally, DMS billing requirements related to the face-to-face supervision of staff were allowed via telecommunications and will expire when the PHE ends.

DMS recommends reviewing the information available from the CHFS Telehealth Program on their website, available here: https://chfs.ky.gov/agencies/ohda/Pages/telehealth.aspx.

BEHAVIORAL HEALTH SERVICE TELEHEALTH

The PHE allowed licensed behavioral health providers to deliver services via telehealth. For the PHE, the following services are permissible as synchronous telehealth or as telecommunication-mediated health

services:

- ✓ Peer support services
- ✓ Intensive outpatient program services
- ✓ Group outpatient therapy
- ✓ Service planning
- ✓ Partial hospitalization

- ✓ Targeted case management
- ✓ Mobile crisis services
- √ Comprehensive Community Support Services
- √ Therapeutic Rehabilitation Program
- ✓ Day Treatment

Audio-only telehealth is allowed under HB 140 for behavioral health services. However, the best practice for the use of audio-only telehealth services should be to document in the medical record that an audio-visual technology was not available for various reasons including provider or patient technology knowledge or availability.

Note: For services provided by paraprofessionals, peers, and practitioners who do not qualify as "telehealth care providers" under 907 KAR 3:170, billing supervision by a licensed & enrolled provider will be required whether the service is provided via telehealth or in person.

FQHCs and RHCs:

FQHCs and RHCs can provide every appropriate service via telehealth as long as it is an approved service that the individual provider's licensure board allows to be provided in that setting.

¹ DMS will allow only certain services provided within residential SUD or crisis stabilization units, clinical services provided within the residential service typically performed in person, to take place via telehealth