Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.
Today’s Objective

Describe the expansion of telehealth service delivery in response to the National Public Health Emergency
Several Submissions to the Center for Medicare and Medicaid Services:

- Various emergency waivers to allow temporary changes to Medicaid policies including:
  - Relaxation of prior authorization for hospitalization
  - Waiving many provider enrollment requirements to allow expedited enrollment
  - Suspend Medicaid and PeachCare member terminations
  - Suspension of Pre-admission Screening and Resident Reviews for nursing home placement

- Emergency Appendix K submissions to Georgia’s Medicaid Waiver Programs to allow temporary changes to service delivery to frail and disabled Medicaid members
Public Health Emergency: Immediate Response

DCH expanded telehealth options across programs and services as need was identified

- Behavioral health services
- Children’s Intervention Services (Speech, occupational, physical therapies)
- Pediatric services including developmental screening
- Psychological services
- Physician evaluation and management
- Some dental evaluations
- Autism Spectrum Disorder Services*
- Home health and hospice admission assessments

*previously available but not often used
A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.

OCR will exercise its enforcement discretion …

**good faith provision** of telehealth during the COVID-19 nationwide public health emergency
Federal Authorities that Facilitated Expansion

State Medicaid & CHIP Telehealth Toolkit

Policy Considerations for States Expanding Use of Telehealth

COVID-19 Version

Services can be delivered via telehealth across all populations served in Medicaid

Consider issues with consistency between fee-for-service and managed care telehealth coverage that may cause confusion for providers.

States should review services for the possibility of being delivered via telehealth even if they have not traditionally been delivered in such a manner.
Overview of Telehealth Changes

• Due to COVID-19, DCH expanded the use of telehealth to increase provider capacity to provide services and limit in-person exposure

• Suspended or relaxed typically-required aspects of telehealth including:
  – Originating Site
  – Distance Sites
  – Billing via specialized telehealth codes
  – Consent and HIPAA regulations
Policy:
“….allows states broad authority to waive limitations on settings where members are eligible to receive telehealth and where telehealth services can be delivered during the emergency. All members with access to video or telephone communication may receive services in their homes to reduce exposure to themselves and others.

PHE Response:
• Services can be delivered via video or telephone, regardless of patient location
• Services can be provided in the member’s home
Service Delivery: Distance Site

Policy:
“...providers may deliver medically necessary services in various settings including their homes or other settings in which the privacy and confidentiality of the member can be assured. Qualified providers should continue to follow all applicable licensure rules specific to their profession.

PHE Response:
- “Visits” can occur remotely from the provider’s home or other secure location
- Provider billing address is that associated with the enrolled Medicaid facility – regardless of where care is delivered
Consent

Policy:
“The patient must initiate the service and provide consent to be treated virtually, and the consent must be documented in the medical record with date, time, and consenting/responsible party before initiation of the service.”

PHE Response:
• Verbal consent is acceptable
• No hard copy consent form is required
• Once received, the consent must be notated in the member’s file/medical record with date, time, and consenting party (prior to rendering service)
Opened a Dedicated E-mail Box: Member and Provider Questions

Dedicated e-mail address for provider questions with 48-hour response time:

Telehealth, Waiver, Financial, CMO, etc.

Medicaid.PCKCOVID19@dch.ga.gov
Updates and webinars available on the Medicaid Claims system website: [www.mmis.Georgia.gov](http://www.mmis.Georgia.gov) and on the DCH website: [https://medicaid.georgia.gov/covid-19](https://medicaid.georgia.gov/covid-19)
Soliciting Feedback on Telehealth Experiences

COVID-19: Georgia Department of Community Health

Georgia Department of Community Health division and office updates relating to COVID-19.

Division and Office Updates


Medicaid and PeachCare for Kids®

Provider Relief Fund
As a part of the federal government’s COVID-19 response, the CARES Act set aside more than $100 billion in financial relief for hospitals and healthcare providers. To be considered for the Medicaid and CHIP distribution, providers must apply by August 3, 2020.

Provide Your Telehealth Service Feedback
Fill out our short survey on your telehealth service experience.