

PUBLIC NOTICE

March 19, 2020

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 20-0010 Telehealth Emergency Waiver. The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective March 20, 2020 contingent upon approval from CMS, our Transmittal #20-0010.

1. The Mississippi Division of Medicaid is submitting this SPA to allow for flexibilities regarding telehealth services during a state of emergency as declared by either the Governor of Mississippi or the President of the United States. This SPA will assist beneficiaries to receive a wider range of health care services from Mississippi Medicaid enrolled providers without having to travel to a health care facility to reduce the community-spread of the COVID-19 virus or who may need to be self-quarantined for a period of time. Application of this provision will terminate at the discretion of the Mississippi Division of Medicaid.
2. The annual aggregate expenditures are anticipated to be budget neutral as telehealth services are a substitution for an in-person visit for consultations, office visits, and/or outpatient visits.
3. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. §§ 403.12, 447.201 which require submittal of changes in the State's operation of the Medicaid program and include all policy and methods used in setting payment rates in the State Plan.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review, assuming these facilities are open during the COVID-19 outbreak. A hard copy can be downloaded and printed from www.medicaid.ms.gov or by emailing at Margaret.Wilson@medicaid.ms.gov.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.
6. A public hearing on this SPA will not be held.

State of Mississippi**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED**

Telehealth Service

- 1) Telehealth service is defined as the practice of health care delivery by a provider to a beneficiary who is under the care of a provider at a different geographical location.
- 2) The Division of Medicaid covers medically necessary health services to eligible Medicaid beneficiaries as specified in the State Plan. If a service is not covered in an in-person setting, it is not covered if provided through telehealth.
- 3) Telehealth service must be delivered in a real-time, HIPAA-compliant communication method that is:
 - a. Live;
 - b. Interactive; and
 - c. Audiovisual.
- 4) Providers have the responsibility of ensuring that any programs, applications, or other software used for delivery and receipt of telehealth services is HIPAA-compliant and must coordinate with the beneficiary to ensure compliance.
- 5) The originating or spoke site is defined as the physical location of the beneficiary at the time the telehealth service is provided via telecommunications system. Telehealth services are covered in the following originating sites:
 - a. Office of a physician or practitioner;
 - b. Outpatient Hospital (including a Critical Access Hospital (CAH));
 - c. Rural Health Clinic (RHC);
 - d. Federally Qualified Health Center (FQHC);
 - e. Community Mental Health/Private Mental Health Centers;
 - f. Therapeutic Group Homes;
 - g. Indian Health Service Clinic; or
 - h. School-based clinics.
- 6) The distant or hub site is defined as the physical location of the provider delivering the telehealth service via telecommunications system.
- 7) Telehealth services must be delivered by a participating Medicaid provider acting within their scope-of-practice, license, or certification at both the originating and distant site.
- 8) The following are not considered telehealth services and are not covered:
 - a. Telephone conversations;
 - b. Chart reviews;
 - c. Electronic mail messages;
 - d. Facsimile transmission;
 - e. Internet services for online medical evaluations; or

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

- f. The installation or maintenance of any telecommunication devices or systems.

- 9) The Mississippi Division of Medicaid will allow additional coverage of telehealth services during a state of emergency as declared by either the Governor of Mississippi or the President of the United States. Details of enhanced services include the following and shall terminate at the discretion of the Mississippi Division of Medicaid.
 - a. A beneficiary may seek treatment utilizing telehealth services from an originating site not listed in subpart 5) of this section. These emergency exceptions include the following:
 - 1. A beneficiary's residence may be an originating site without prior approval by the Division of Medicaid.
 - 2. Health care facilities not listed in 5) wishing to act as an originating site must first be granted approval by the Division of Medicaid before rendering originating site telehealth services.
 - b. Telehealth services are expanded to include use of telephonic audio that does not include video when authorized by the state.
 - c. A beneficiary may use the beneficiary's personal telephonic land line in addition to a cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care in a synchronous format with a distant-site provider.
 - d. When the beneficiary receives services in the home, the requirement for a telepresenter to be present may be waived.

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State of Mississippi

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State of Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER
TYPES OF CARE**

Telehealth Services

Payment for telehealth services is made as follows:

The originating or spoke site provider is paid a Mississippi Medicaid telehealth originating site facility fee per completed transmission.

The originating site provider may not bill for an encounter or Evaluation and Management (E&M) visit unless a separately identifiable service is performed.

The distant or hub site provider is paid the current applicable Mississippi Medicaid fee-for-service rate for the telehealth service provided.

The Mississippi Medicaid telehealth originating site facility fee was calculated by an actuarial firm using the May 2013 Bureau of Labor Statistics (BLS) mean wage for Nurse Practitioners in MS adjusted by 35% for benefits and 2% for wage growth at half of the rate for 30 minute increments and is effective for services provided on or after January 1, 2015. The Mississippi Medicaid telehealth originating site facility fee is updated July 1 of each year based on the annual percentage change in the Medicare physician fee schedule for Level III Established Patient E&M code effective on January 1 of each year.

State-developed fee-for-service rates are the same for both governmental and private providers of telehealth services. All rates are published on the Division of Medicaid's website at <http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/>.

Providers acting in the role of both a telehealth distant and originating site provider will be reimbursed either the originating or distant site fee-for-service rate, not both.

The Division of Medicaid will reimburse for additional coverage of telehealth services during a state of emergency as declared by either the Governor of Mississippi or the President of the United States as described in subpart 9) of Attachment 3.1-A Introductory Page 2. In instances when the originating site is a beneficiary's residence or other location that is not a Mississippi Medicaid provider, no originating site fee will be paid.

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