GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Public Health Emergency Updates and Unwinding the PHE

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For access to this presentation, please visit: www.mmis.georgia.gov -> Provider Information -> Provider Notices –"Presentation – Georgia Medicaid Spring Virtual Fair 2022 – Preparing for the End of the Public Health Emergency – YouTube"

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

Welcome to the Fall Medicaid Virtual Fair

Housekeeping Items:

- This presentation will be posted on the GAMMIS Web-Portal under Provider Notices.
- All lines will be muted. We ask that all questions be entered in the Q&A box.

Agenda

- Member Eligibility
- Peachcare for Kids Update
- Telehealth
- Vaccine and Treatment Guidance
- Member Co-pay

COVID 19 Updates - Eligibility

The Public Health Emergency was declared in March of 2020. During that time, DCH has maintained Medicaid eligibility for members, with a few exceptions.

- Residency (moving out of state)
- Death
- Voluntary request for closure
- Erroneous eligibility determination

Unwinding the PHE

- DCH is currently reviewing all of the waivers and flexibilities that were approved by CMS to determine next steps.
- CMS has requested that all State Medicaid Agencies prepare a comprehensive plan that outlines their process for unwinding.
- DCH will provide additional updates once a final plan has been developed.

Eligibility/Unwinding

Once the PHE ends, DFCS must take appropriate steps to redetermine eligibility and terminate coverage, as appropriate, for members who remained enrolled due to the maintenance of eligibility. CMS has allowed a period of up to 14 months after the end of the Public Health Emergency for all redeterminations to be completed. The planning for this will be a collaborative effort between DFCS and DCH.

Note: DCH and DFCS may complete all redeterminations at a timeline that is less than one year.

Eligibility/How Providers Can Help

- Ensure Members have updated their contact and physical address with DFCS or SSA
- Once the PHE is over let members know that a review will be forthcoming and they should provide information as requested
- Check Member Eligibility status as required by the Part 1 Policy and Procedures Manual

Telehealth overview

- Telehealth is the use of technology to deliver health care, health information or health education at a distance.
- Parity is a term with many definitions, but in this case, it refers to telehealth services receiving equal reimbursement in comparison to in-person services.

Telehealth overview

Increase interest in use by both Providers and Members

- Address barriers to care including insufficient provider supply
- Transportation barriers
- Rural access challenges
- Behavioral Health stigma

Background

History of telemedicine regulations in Georgia

Georgia Telemedicine Act O.C.G.A. section 33-24-56.4 (2005)

Under the Georgia Telemedicine Act every health benefit policy as of July 1, 2005 includes payment for services that are covered under such health benefit policy and appropriately provided through telemedicine.

Georgia Composite Medical Board Regulation- Practice Through Electronic or Other Such Means (2014)

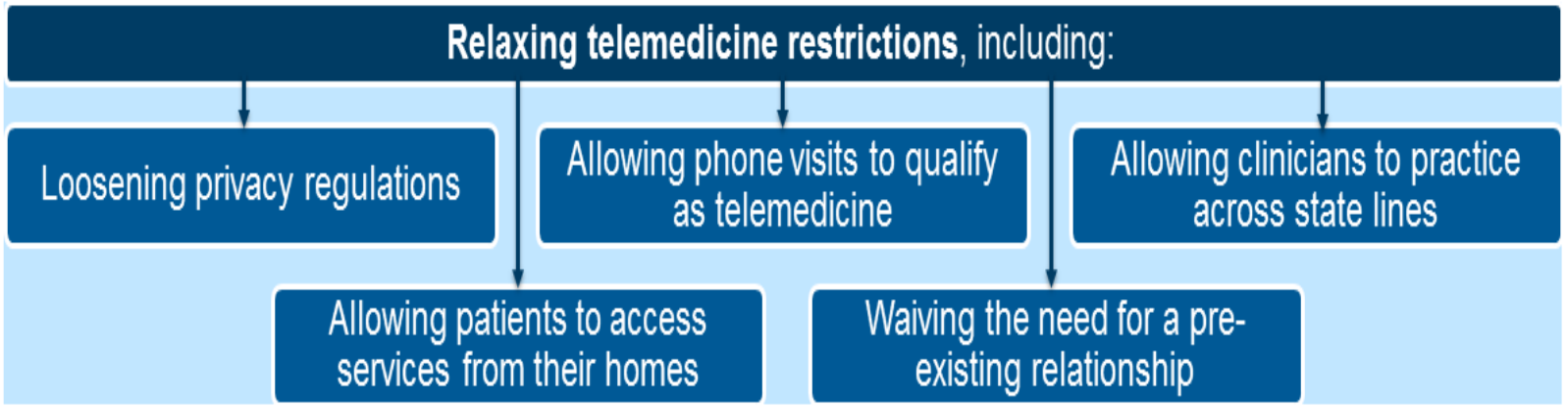
Practice Through Electronic or Other Such Means, is found under Georgia Comp. Rules and Regs. rule 360-3-.07and is intended to establish the minimum standards of practice while providing treatment and/or consultation recommendations through the use of telemedicine.

CMS Guidance

- States are not required to submit a state plan amendment (SPA) to pay for services delivered via telehealth if payments for services furnished via telehealth are made in the same manner as when the service is furnished in a face-to-face setting.

Telehealth and The Public Health Emergency

Actions to Expand Telemedicine Availability During the COVID-19 Pandemic



Widespread **coverage and reimbursement** for telemedicine services across states and insurers, with low to no cost sharing for patients

Expanding **telecommunications infrastructure** (i.e. establishing telemedicine platforms, ensuring patients have internet access)

Ensuring the **health workforce** can meet the expanding needs for telemedicine visits

Temporary expansion of telehealth

CMS significantly expanded the list of covered telehealth services to include:

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may serve as distant telehealth site
- Emergency department visits
- Initial nursing facility and discharge visits
- Home visits
- Therapy services

Telehealth waivers from the Centers for Medicare & Medicaid Services (CMS)

Temporary policy changes during the Coronavirus pandemic

CMS issued temporary measures to make it easier for people enrolled in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) to receive medical care through telehealth services during the COVID-19 Public Health Emergency.

Some of these changes allow providers to:

- Conduct telehealth with patients located in their homes and outside of designated rural areas
- Practice remote care, even across state lines, through telehealth
- Deliver care to both established and new patients through telehealth
- Bill for telehealth services (both video and audio-only) as if they were provided in person

Reimbursement Rules

- Services must be a member-initiated appointment and indicated in the treatment plan before services are rendered.
- To designate that the services were rendered via telehealth, providers were instructed to use the POS 02 or Modifier GT, GQ, 95 or other applicable modifier as identified by the category of service.

After the PHE- Where do we go from here?

After PHE

- DCH began a survey in June of 2020 to look at the efficiency of telehealth during the PHE.
  - What provisions should remain under telehealth/ telemedicine ?
  - What worked ?
  - What didn't work ?
  - Opportunities missed ?

Survey Takeaways/Unwinding

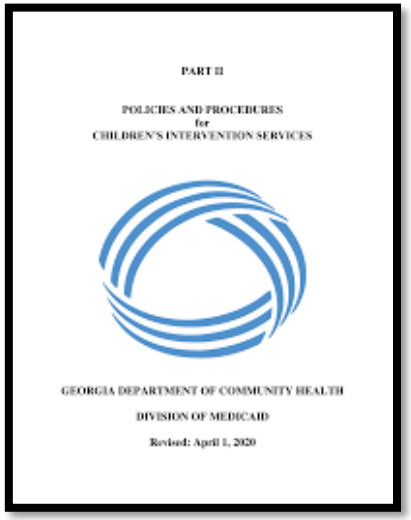
- Telehealth is a useful tool when applied correctly
- Important to continue telehealth as clinically appropriate
- Establish or refine protocols for rendering telehealth
  - OCR HIPAA requirements
  - Health and Safety requirements
  - Exclusions to the service
  - Ability for all members and providers to participate

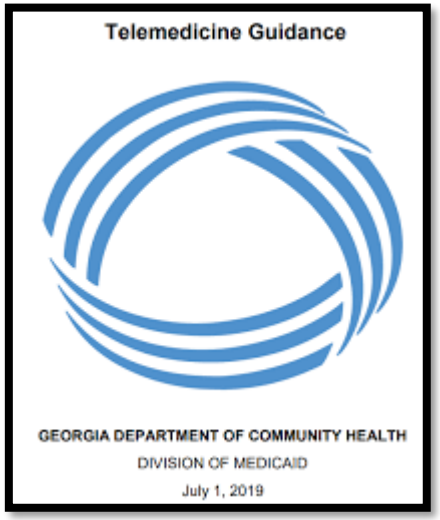
Telehealth GAMMIS System Modification/Unwinding

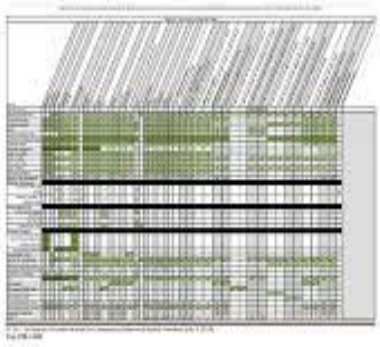
- DCH is working currently to introduce Place of Service (10) which is specific to telehealth
- Currently DCH identifies POS (02) as out of clinic for telehealth POS. Adoption of POS 10 is in alignment with new CMS guidance and provides greater specificity to billing and data collection

Policy Guidance/Unwinding

- Providers should refer to the Specific Category of Service Policy, Banner Messages, DCH website, and Telemedicine Guidance as it relates to most recent reimbursement rules and instructions.
- For Behavioral Health or Developmental Disability waiver providers- Provider manual is available with specific instructions







COVID-19 Updates Vaccines and Treatment

- COVID-19 System Updates (Monoclonal Antibodies)
- Vaccine Third Dose or Booster (Pfizer - BioNTech)
- The End of COVID Public Health Emergency

COVID-19 System Updates
Monoclonal Antibodies

M0201 – Home Vaccine Admin
Q0240 – Casirivi & Imdevi 600 mg
M0240- Casirivi & Imdevi Admin
M0241 – Casirivi & Imdevi Repeat Home Admin
Q0244 – Casirivi & Imdevi 1200mg
M0244 - Casirivi & Imdev Home Admin
M0246 - Bamlan and etesev infus home
Q0247 – Sotrovimab
M0247 – Sotrovimab Admin
M0248 – Sotrovimab In Home Admin
Q0249 – Tocilizumab for COVID-19
M0249 - Tocilizumab for COVID-19 – 1st dose
M0250 - Tocilizumab for COVID-19 – 2nd dose

Vaccine Third Dose or Booster (Pfizer - BioNTech)

Third Dose

- A third dose of COVID-19 vaccines is identical to the first two doses. It can help people with weakened immune systems who did not have a strong response to the first two doses.
- These people can get a third dose as soon as 28 days after a second dose.
- The FDA has authorized, and CDC recommend those with certain medical conditions that suppress the immune system get a third dose of the COVID-19 vaccine.

Booster Shot

- The COVID-19 booster shot is an additional dose of a vaccine given after the protection by the original shot(s) has begin to decrease over time. Normally, 6-8 months. The CDC says a booster dose of Pfizer-BioNTech may be recommended for people 18 to 49 with underlying medical issues, and for people 18 to 64 whose profession may put them at higher risk of exposure to COVID-19. That last group of people can include health care workers, teachers, and others.

Pfizer-BioNTech and Moderna Third Dose and Booster Vaccine Codes

- **Pfizer-**BioNTech COVID-19 Vaccine Codes:
  - 0001A (1st dose)
  - 0002A (2nd dose)
  - 0003A (**3rd dose**)
  - 0004A (**4th dose/booster**)

- **Moderna** COVID-19 Vaccine Codes:
  - 0011A (1st dose)
  - 0012A (2nd dose)
  - 0013A (**3rd dose**)

Questions

Thank You!