

Office of Health Insurance Programs

Division of Long Term Care

MLTC Policy 13.23: Coverage of Telehealth Services in Managed Long Term Care Plans

Date of Issuance: September 4, 2013

Consistent with the Medicaid Redesign Initiative #90 to transition recipient's in receipt of community based long term care services (CBLTC) into Managed Long Term Care (MLTC) Plans, the Department implemented the transition of consumers receiving fee –for-service Certified Home Health Agency (CHHA) services for greater than 120 days into partially capitated MLTC plans, Medicaid Advantage Plus (MAP) plans, and PACE plans. Participants of the Long Term Home Health Care Program (LTHHCP) are also being transitioned into MLTC plans.

It has come to our attention that some of the consumers transitioning are in receipt of telehealth services through their CHHA or LTHHCP. Please be advised that MLTC Plans must honor the 90 day continuity of care requirements as they apply to a recipient who has received a mandatory notice to select a MLTC Plan, and this must include payment for any telehealth services the recipient had been receiving. This 90 day requirement also includes a continuity of the state rate for the affected provider.

At this time, all plans should directly reimburse the provider for any telehealth services a transitioning recipient is receiving. The Department will be taking steps to ensure the recipients will continue to have access to telehealth benefits within the managed care environment if appropriate, and is exploring systems issues for inclusion in the benefit package.

Telehealth services are covered when provided by agencies approved by the Department for enrollees who have conditions or clinical circumstances requiring frequent monitoring and when the provision of telehealth services can appropriately reduce the need for on-site or in-office visits or acute or long term care facility admission. To be eligible for reimbursement, approved agencies must obtain any necessary prior approvals and services must be deemed medically necessary by the MLTC Plan. Approved agencies must assess the enrollee in person, prior to providing telehealth services, using an approved patient risk assessment tool.

This initiative applies to MLTC partial cap plans, Medicaid Advantage Plus, and PACE plans.