



Kentucky Telehealth – Beyond COVID-19

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TELEHEALTH

Virtually Linking Patients with Care

Kentucky Telehealth Program
Office of Health Data and Analytics

Division of Telehealth Services

Established:

- July 15, 2020

Our mission:

- Implement telehealth services and develop standards, guidance, resources, and education to help promote access to healthcare services in the Commonwealth.
- Provide guidance and direction to providers delivering care using telehealth.

We are:

- Dedicated to assisting telehealth providers by promoting, advocating and supporting telehealth adoption across the Commonwealth.

Website:

- <https://telehealth.ky.gov>

2020 Telehealth Goes Viral Due to COVID-19



Kentucky COVID-19 Telehealth Actions and Guidance

GOVERNOR'S OFFICE

Source	Actions and Guidance
https://governor.ky.gov/attachments/20200306_Executive-Order_2020-215.pdf	Executive Order 2020-215 - State of Emergency Relating to COVID-19 virus, a public health emergency - Effective 3/06/2020 Declare that a State of Emergency exists in the Commonwealth of Kentucky and order and direct the issuance of appropriate state active duty orders for the necessary officers, troops, personnel, equipment, including the resources of the Kentucky National Guard and other logistical support necessary for an immediate response to the novel coronavirus (COVID-19) emergency in the Commonwealth.
https://governor.ky.gov/attachments/20200309_Executive-Order_2020-220.pdf	Executive Order 2020-220 – State of Emergency Relating to Insurance – Effective 3/09/2020 <ol style="list-style-type: none">1. The Commissioner of the Kentucky Department of Insurance shall temporarily waive, suspend, and/or modify the operation of any statute or administrative regulation currently in place under the purview of the Kentucky Department of Insurance in order to best serve the interest of the public health, safety, and welfare during this period.2. All insurers shall waive all cost-sharing including copayment, coinsurance, and deductibles for screening and testing for COVID-19 as specified by the Centers for Disease Control and Prevention (CDC), including hospital, emergency departments, urgent care, provider office visits, lab testing, telehealth, and any immunizations that are made available.3. All insurers shall waive any prior authorization requirements for screening and diagnostic testing for COVID-19 and respond to any requests for treatment of COVID-19 on a timely basis.4. All insurers shall ensure that provider networks are adequate to handle an increase in the need for health care services, including by offering access to out-of-network services where appropriate.5. All insurers shall notify all contracted providers that the insurer is waiving the cost-sharing and prior authorization requirements, and ensure that information regarding the waivers is provided to customer service centers, nurse advice lines, and others so that proper information is provided to insured citizens.6. All insurers shall ensure that the insurer's websites contain complete and accurate information related to coverage for COVID-19 screening, testing, and treatment.7. When prescription drug coverage exists for insured citizens, insurers shall allow insured individuals to obtain refills of their prescriptions even if the prescription was recently filled, consistent with approval from patients' health care providers and/or pharmacists.8. The Kentucky Department of Employee Insurance shall coordinate with the Kentucky Department of Insurance to ensure that the provisions of this Executive Order apply to participants in the state employee health plan.

Source: <https://chfs.ky.gov/agencies/ohda/telehealth/covid19telehealthguidance.pdf>

Kentucky Medicaid COVID-19 FAQs

PLEASE NOTE: The Federal Public Health Emergency has been extended and is currently scheduled to expire on January 23, 2021, unless it is terminated earlier by the federal government. At the conclusion of the public health emergency, these flexibilities will be ended.

This document has been updated to address telehealth, MCO-related, laboratory specific, and miscellaneous reimbursement FAQs that have been received. The MCO FAQs begin on page 16 of this document. The laboratory specific FAQs begin on page 21 of this document. The miscellaneous reimbursement provisions begin on page 22 of this document.

The department received authority from the federal government to implement additional flexibilities within the Medicaid program via a Section 1135 Flexibilities letter. That letter and additional information may be viewed here: <https://chfs.ky.gov/agencies/dms/Documents/1135Flexibilities.pdf>.

Pursuant to 907 KAR Chapter 17 and the DMS – MCO contracts, DMS has directed the contracted MCOs to comply with and implement these FAQs.

Source: <https://chfs.ky.gov/agencies/dms/Documents/ProviderFAQs.pdf>

Current Factors Affecting Telehealth Reimbursement

- Nationwide Public Health Emergency has been extended to Jan 23, 2021
- Commercial Insurance:
 - Self-funded groups:
 - Dependent on what services are covered & reimbursed in their contract.
 - NON-self-funded groups:
 - If the service is covered in person and can be performed via telehealth, then Kentucky's insurance law (KRS 304.17A-138) requires the insurance company to cover and reimburse the service if it is performed via telehealth.

As healthcare remains in flux with the continued public health emergency in affect, it is advised to routinely check payer source websites or make phone contact for updates regarding changes in coverage and reimbursement.

Telehealth Coverage & Cost Share End Dates

Insurance Company	COVID Cost Share End Date	Non-COVID Cost Share End Date	Audio & Visual Audio Only Services Coverage End Date	Comments
Aetna Sources: https://www.Aetna.com/health-care-professionals/provider-education-manuals/covid-faq/billing-and-coding.html https://www.Aetna.com/health-care-professionals/covid-faq/telemedicine.html	9/30/2020	9/30/3030	8/04/2020	COVID cost share end date 9/30/2020 is only for Inpatient Admissions for treatment or associated health complications of COVID-19 Non-COVID Behavioral and Mental Health telehealth cost share expires 9/30/2020
Aetna Med Advantage Same Sources as above	9/30/2020	9/30/2020	9/30/2020	Medicare Advantage plans effective 5/13/2020 – 9/30/2020, Aetna is waiving member out-of-pocket costs for all in-network primary care visits, whether in office or by telehealth

Telehealth Coverage & Cost Share End Dates

Insurance Company	COVID Cost Share End Date	Non-COVID Cost Share End Date	Audio & Visual Audio Only Services Coverage End Date	Comments
Anthem BCBS Commercial Source: https://providernews.anthem.com/Kentucky/article/information-from-anthem-for-care-providers-about-COVID-19-7	12/31/2020	9/30/3030	9/30/2020	
Blues Med Advantage Same Source as above	12/21/2020	9/30/2020	9/30/2020	
Cigna Source: https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html	7/31/2020	7/31/2020	7/31/2020	

Telehealth Coverage & Cost Share End Dates

Insurance Company	COVID Cost Share End Date	Non-COVID Cost Share End Date	Audio & Visual Audio Only Services Coverage End Date	Comments
Cigna Med Advantage Sources: https://medicareproviders.cigna.com/ https://medicareproviders.cigna.com/static/medicareproviders-cigna-com/docs/coronavirus-billing-guidelines-faq.pdf	12/31/2020	12/31/2020	12/31/2020	
Humana Source: https://www.humana.com/coronavirus/coverage-faqs	12/31/2020	12/31/2020	12/31/2020	Primary care copays, coinsurance and deductibles for all in-network primary care, outpatient behavioral health and telehealth visits are waived for the remainder of 2020 for individual and group Medicare Advantage members and employer-sponsored plans.

Telehealth Coverage & Cost Share End Dates

Insurance Company	COVID Cost Share End Date	Non-COVID Cost Share End Date	Audio & Visual Audio Only Services Coverage End Date	Comments
Humana Med Advantage Source Same As Above	12/31/2020	12/31/2020	12/31/2020	
Medicare	End of PHE	End of PHE	End of PHE	Cost share through the end of PHE for COVID testing related services. (Current PHE end date scheduled for January 23, 2021)
UnitedHealth Care Source: https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html	7/24/2020	6/18/2020	7/24/2020	Cost share waived for in-network providers only.
UnitedHealth Care Med Advantage Source Same As Above	9/30/2020	9/30/2020	9/30/2020	

Federal Super Bill Combines 9 Telehealth Bills

HR 7992 would provide various expansions in Medicare reimbursement for telehealth, including coverage for telemental health services without application of Medicare's geographic and site restrictions. It would allow for federally qualified health centers and rural health clinics to be distant site providers for telehealth services. Both have been allowed during the COVID-19 public health emergency (PHE), and would be a significant expansion in Medicare's non-PHE telehealth policy. Below is a complete list of the nine federal bills which are reported to be incorporated into HR 7992.

- [HR 7338: The Advancing Telehealth Beyond COVID-19 Act](#)
- [HR 5473: The EASE Behavioral Health Services Act](#)
- [S 4039: The Telemedicine Everywhere Lifting Everyone's Healthcare Experience and Long-Term Health \(TELEHEALTH\) HSA Act](#)
- [HR 3228: The VA Mission Telehealth Clarification Act](#)
- [HR 4900: The Telehealth Across State Lines Act](#)
- [S 4103: The Telehealth Response for E-prescribing Addiction Therapy Services \(TREATS\) Act](#)
- [HR 7233: The KEEP Telehealth Options Act](#)
- [S 3988: The Enhancing Preparedness Through Telehealth Act](#)
- [HR 7187: The HEALTH Act](#)

Source: Center for Connected Health Policy

Forward to Permanent Telehealth Flexibilities

- **Telehealth Bill Draft – 2021 Legislative Session**

Addresses:

- Telehealth Definition
- Cabinet Responsibility
- Privacy and Security
- Waste, Fraud and Abuse
- Compliance
- Modalities

Maintain the **discretion of a state agency** authorized or required to promulgate administrative regulations relating to telehealth **to establish requirements to authorize, prohibit, or otherwise govern the use of telehealth** in accordance with that state agency's respective jurisdictional areas.

Forward to Permanent Telehealth Flexibilities

- **Proposed Medicaid State Plan Amendment**

The Kentucky Medicaid Program will prepare a State Plan Amendment to obtain approved from CMS to make some of the temporarily waived restrictions around telehealth permanent.

States such as Connecticut, Idaho, New Jersey, Vermont and Ohio are looking to extend flexibilities such as audio-only coverage, parity coverage and reimbursement, removing geographic restrictions and removing the required in-person visits.

Beyond COVID-19

Covered Entities Should:

- **Revisit any new technology implemented for telehealth services** to address revised compliance issues – particularly regulations pertaining to privacy and security.
- **Inventory active telehealth platforms to identify any non-compliant public-facing platforms** utilized to accommodate patient demand during the pandemic. Public-facing platforms such as Facebook Live, Twitch or TikTok should not be used in the provision of telehealth by covered healthcare providers.
- **Business Associate Agreement** – OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other non-compliance with the HIPAA Rules that relate to the good faith provision of telehealth services during the pandemic. **This provision did not clarify expectations after the pandemic**, and therefore organizations should obtain documentation of any unsuccessful attempts at obtaining a BAA even if the organization chooses to discontinue services with the vendor.
- **When the PHE is over, providers need to acquire a BAA** or discontinue use of teleconference platforms that will not enter a BAA.

Contacts

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