

Fact Sheet Telehealth Program

What is Telehealth and how does it work?

Telehealth is the use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations. Telehealth can also be referred to as virtual visits, video visits and/or virtual care. Telehealth popularity and need has rapidly increased during the COVID-19 public health emergency. More practices are offering telehealth options and NC Medicaid has created and modified policies to reflect the changing times.

Telehealth is an important tool in providing access to health care for all North Carolinians. It allows patients to stay safely at home while still receiving the care that they need. It can also remove long commutes for beneficiaries in rural communities. NC DHHS is invested in providing resources to health care providers and all consumers to increase equitable access to care and utilization of telehealth across the state.

HOW DID COVID-19 IMPACT TELEHEALTH AND OTHER VIRTUAL HEALTH CARE SERVICES?

Using technology to deliver care is a critical strategy in NC Medicaid's COVID-19 response efforts. With the emergence of COVID-19, there is an urgency to expand the use of technology to help people who need routine care and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members, will slow viral spread. As a result, NC Medicaid has temporarily approved telehealth as a modality for a larger variety of services and beneficiaries. COVID-19 updates can be found in the [Department's Bulletin](#).

WHAT ARE THE TYPES OF VIRTUAL HEALTH CARE SERVICES?

There are three types of virtual health care services:

- **Telehealth:** Telehealth is the use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations. Telehealth can include physical health care, behavioral health care and other specialized therapies.
- **Virtual Communication:** Virtual communications include the use of technologies other than video (e.g., telephone or online portals) to enable remote evaluation and consultation support between a provider and a beneficiary or a provider and another provider.
- **Remote Patient Monitoring:** Remote Patient Monitoring is the use of digital devices to measure and transmit personal health information (like blood pressure) from a beneficiary in one location to a provider in a different location.

HOW IS TELEHEALTH PAYMENT DIFFERENT THAN IN- PERSON?

Telehealth services (two way real-time interactive audio and video) have coverage and payment parity with in-person care. Medicaid and NC Health Choice will continue to cover and reimburse all telehealth interactions at a rate that is equal to in-person care as long as they meet the standard of care and are conducted over a secure HIPAA-compliant technology with live audio and video capabilities.



WILL TELEHEALTH COVERAGE CONTINUE AFTER COVID-19?

NC Medicaid has decided to allow some telehealth services to continue after the end of the Federal state of emergency. Below is a summary of some of the changes; however, all changes are documented in the [telehealth policy](#). Please reference the policy for information/guidelines about specific services. These decisions are subject to change.

Services allowed to continue via telehealth:

- Childbirth Education Sessions
- Perinatal Visits
- Pregnancy Medical Home Postpartum Screening
- Smoking and Tobacco Cessation Counseling
- Family Planning Services for MAFDN Beneficiaries
- In Home Visits- Both for Well Child and Non- Well Child
- Respiratory Therapy Treatments
- Diabetes Management

Telehealth services set to end:

- Teledentistry Changes
- PCS Assessments completed Telephonically
- Post-Partum Screenings delivered via Telephone or Online Patient Communication
- Well Child Visits billed by Physicians, NPs, Pas
- Telehealth Enabled for CDSAs (Speech Language, Registered Nurses, Physical Therapists, Occupational Therapists, Audiology)

Behavioral Health services expanded for the public health emergency:

- Facility-Based Crisis (psychiatric evaluation only)
- Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers (excludes psychological testing and certain Evaluation and Management and add on codes)
- Research-Based Behavioral Health Treatment (RB-BHT) For Autism Spectrum Disorder (ASD)
- Peer Support Services (excluding group)
- Children's Developmental Service Agencies (only includes Diagnostic Assessment and Outpatient Behavioral Health Codes – excluding psychological testing)
- North Carolina Innovations
- (b)(3) In Home Skill Building, Intensive Recovery Support, Supported Employment

WHEN SHOULD A TELEHEALTH SERVICE OPTION BE SELECTED?

Telehealth services can be a positive alternative to traditional in-person treatment; however, several factors must be evaluated before selecting to use a telehealth service:

1. Can the service be safely and effectively delivered using telehealth?
2. Does the beneficiary's behavioral, physical and cognitive abilities allow them to participate in services provided using telehealth?
3. If a care giver or faciliator is required to particpate in the service, are they capabable of giving the needed assistantence safely and effectively?
4. Can the service be delivered in such a way that it does not violate client confidentiality or professional standards of care?

If services can be delivered and they don't violate any of the above questions, telehealth might be an option for treatment.

CAN OUT OF STATE TELEHEALTH PROVIDERS OFFER SERVICES?

Out of State providers are eligible to provide services for NC Medicaid beneficiaries; however, all providers have to be first enrolled with the department before any services or payments can be provided. Out of State providers may also contract with PHPs; however, providers are still required to be enrolled with the state. Providers may enroll with the state by completing a provider enrollment application through [NCTracks](#).

WHAT IS THE DIFFERENCE BETWEEN TELEHEALTH THROUGH MEDICAID DIRECT, VERSUS TELEHEALTH IN MANAGED CARE?

Telehealth through NC Medicaid Direct is managed by NC DHHS. The department has a [full policy](#) located on the NC DHHS website, which specifies the eligibility criteria and services allowed under the department. The department can modify the policy to add or remove eligible services.

Telehealth through Medicaid Managed Care is managed by the health plans. Different health plans could have different policies and might allow more or less services than the other health plans; however, each health plan must offer, at minimum, the same services as the state. Health plans will also contract with their own providers and there might be a difference between the providers who participate in NC Medicaid Direct and the providers who participate in an individual health plan. Providers must be enrolled in NC Medicaid in order to provide services.

WHAT SERVICES ARE ELIGIBLE THROUGH TELEHEALTH AND OTHER VIRTUAL MODALITIES?

For a full list of eligible providers and services see the [NC Medicaid Telehealth Policy](#). A range of services may be delivered via telehealth, virtual communication and remote patient monitoring to Medicaid and NC Health Choice beneficiaries. All telehealth, virtual communication and remote monitoring services must be delivered in a manner, which is consistent with the quality of care provided in-person.

Telehealth includes:

- a. office or other outpatient services and office and inpatient consultation codes; and
- b. hybrid telehealth visit with supporting home visit codes.

Telehealth is just one of the virtual services available to providers for service delivery. There is also:

Virtual communication, which includes:

- a. online digital evaluation and management codes;
- b. telephonic evaluation and management and virtual communication codes; and
- c. interprofessional assessment and management codes.

Remote patient monitoring, which includes:

- a. self-measured blood pressure monitoring; and
- b. remote physiologic monitoring.

WHAT IF BENEFICIARIES HAVE QUESTIONS?

Once a beneficiary is enrolled with a health plan, information and a new Medicaid card will be mailed within five days. At that point, if beneficiaries have questions about their health plan or services covered, they should contact their health plan. Contact information for health plans can be found at the number on their new Medicaid card or on the [Health Plan Contacts and Resources page](#) of the NC Medicaid website.

Additional resources for providers to direct their beneficiaries to can be found on the [Medicaid Telehealth Services Educational Materials website](#). This website includes educational materials and checklists for beneficiaries, as well as guides and additional resource links.

In addition, DHHS will partner with the **NC Medicaid Ombudsman**, someone who is appointed to help resolve beneficiary complaints. More information will be forthcoming.

WHAT IF PROVIDERS HAVE QUESTIONS?

Additional resources for providers on Telehealth can be found in the Department Initiatives [Telehealth website](#) and on the [AHEC Telehealth and Coding Resources website](#). Additional resources for providers on the transition to managed care can be found in the [NC Medicaid Help Center](#), the [Provider Playbook](#) and on the [Medicaid Transformation website](#).

For general inquiries and complaints regarding health plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- Assist providers with Health Information Exchange (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 919-527-6666. The Provider Ombudsman contact information is also published in each health plan's provider manual.

Fact Sheets will be updated periodically with new information. Created March 2021. For more information, please visit <https://www.ncdhhs.gov/assistance/medicaid-transformation>