§ 205.5591. Medicaid providers using telehealth; duties of cabinet and managed care organizations; reimbursement for covered services; administrative regulations; deductible, copayment, and reinsurance requirements; policies and guidelines: Medical Assistance (State Medicaid Program)

(1) The cabinet shall provide oversight, guidance, and direction to Medicaid providers delivering care using telehealth as defined in KRS 205.510.

(2) The cabinet shall:

(a) Develop policies and procedures to ensure the proper use and security for telehealth, including but not limited to confidentiality and data integrity, privacy and security, informed consent, privileging and credentialing, reimbursement, and technology;

(b) Promote access to health care provided via telehealth;

(c) Maintain a list of Medicaid providers who may deliver telehealth services to Medicaid recipients throughout the Commonwealth;

(d) Require that specialty care be rendered by a health care provider who is recognized and actively participating in the Medicaid program; and

(e) Require that any required prior authorization requesting a referral or consultation for specialty care be processed by the patient's primary care provider and that any specialist coordinate care with the patient's primary care provider.

(3) The cabinet or a Medicaid managed care organization shall not:

(a) Require a Medicaid provider to be physically present with a Medicaid recipient, unless the provider determines that it is medically necessary to perform those services in person;

(b) Require prior authorization, medical review, or administrative clearance for telehealth that would not be required if a service were provided in person;

(c) Require a Medicaid provider to be employed by another provider or agency in order to provide telehealth services that would not be required if that service were provided in person;

(d) Require demonstration that it is necessary to provide services to a Medicaid recipient through telehealth;
(e) Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth services; or

(f) Require a Medicaid provider to be part of a telehealth network.

(4) The Medicaid program or a Medicaid managed care organization shall require a telehealth provider to be licensed in Kentucky in order to receive reimbursement for telehealth services.

(5) The Medicaid program or a Medicaid managed care organization shall reimburse for covered services provided to a Medicaid recipient through telehealth, as defined in KRS 205.510. The department shall promulgate administrative regulations to establish requirements for telehealth coverage and reimbursement, which shall be equivalent to the coverage for the same service provided in person unless the telehealth provider and the Medicaid program or a Medicaid managed care organization contractually agree to a lower reimbursement rate for telehealth services, or the department establishes a different reimbursement rate.

(6) Benefits for a service provided to a Medicaid recipient through telehealth may be made subject to a deductible, copayment, or coinsurance requirement. A deductible, copayment, or coinsurance applicable to a particular service provided through telehealth shall not exceed the deductible, copayment, or coinsurance required by the Medicaid program for the same service provided in person.

(7) Nothing in this section shall be construed to require the Medicaid program or a Medicaid managed care organization to:

(a) Provide coverage for telehealth services that are not medically necessary; or

(b) Reimburse any fees charged by a telehealth facility for transmission of a telehealth encounter.

(8) The cabinet shall maintain telehealth policies and guidelines to providing care that ensure that Medicaid-eligible citizens will have safe, adequate, and efficient medical care, and that prevent waste, fraud, and abuse of the Medicaid program.