

## Department of Community Health (DCH) Frequently Asked Questions (FAQs) for Medicaid/PCK COVID-19 Response

### 1915(c) Waivers: ICWP, SOURCE, CCSP, NOW and COMP

**Q:** How can waiver providers retain clients that do not want personal support staff or case managers entering their homes during the coronavirus national health emergency?

**A:** There are **two** options available through the approved Appendix K application:

- 1.)** Agencies may hire a family caregiver to serve as temporary staff for the member.
- 2.)** Agencies may continue to bill a retainer fee utilizing the same procedure code and same authorized amount as if the service was delivered.

For either method selected, please document the statements and wishes of the family, and if option 2 is selected, notify the case manager so that he/she may begin increased telephonic contact to assure member safety.

**Q:** Will retainer payments be retroactive to the start of the coronavirus national health emergency – or just from the date of approval?

**A:** Georgia's Appendix Ks, which include the option for retainer payments, were approved with a retroactive effective date of March 1, 2020. Documentation for reimbursement under the retainer payment option must also reflect the accurate date on which the need began. For example, a center closure on March 13, 2020 would reflect a retainer reimbursement beginning March 16, 2020.

**Q:** How long can a provider bill for retainer payments?

**A:** CMS approved retainer payment billing for 30 continuous days of no service delivery.

**Q:** How should a provider bill for retainer payments?

**A:** Providers should bill as if they are billing for traditional services using the plan of care and prior authorization for service duration, frequency and amount. Providers should also document the reason for the retainer payment and that the member is not able to be served in any other capacity by the agency.

**Q:** Can adult day centers bill retainer payments for transportation?

**A: No.** CMS did not approve a retainer payment for *non-emergency* transportation.

### Provider Enrollment

**Q:** Will Medicaid revalidations be postponed due to the coronavirus national health emergency?

**A:** Provider revalidations will be postponed due to the coronavirus national health emergency. Revalidation will continue upon expiration of the coronavirus national health emergency.

**Q:** Will Medicaid re-credentialing be postponed due to the coronavirus national health emergency?

**A:** Credentialing and re-credentialing activities will continue during the coronavirus national health emergency. However, providers will be given additional time to respond and provide requested documentation.

**Q:** Will the state be lifting its state licensure requirements to allow practitioners who are not currently licensed in the state of Georgia, but have been called upon to render care to patients in an emergency department, inpatient and/or post-acute setting in response to the healthcare crisis? If so, what will be required?

**A: Yes.** *With regard to enrolling out-of-state providers in Medicaid during the coronavirus national health emergency, below is an excerpt from the from the CMS approval notification, available for review at [www.dch.georgia.gov](http://www.dch.georgia.gov): "CMS has authorized Georgia to provisionally, temporarily enroll providers who are enrolled with another state Medicaid agency or Medicare for the duration of the coronavirus national health emergency."*

More broadly, the State will temporarily waive requirements during the Georgia coronavirus declaration of public health emergency that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state. Contact the Georgia Composite Medical Board for physician and mid-level practitioner licensure questions, and the Georgia Board of Nursing in the Office of the Secretary of State for nurse licensure questions.

## Telehealth

**Q:** Is there a way to download a copy of the PowerPoint slides from the telehealth webinar(s) conducted by DCH?

**A:** Yes, webinar content is posted on [GAMMIS](#). The webinar recording can be found by navigating to Provider Information>Provider Notices>Telehealth and Appendix K Webinar COVID-19 Live YouTube or [through this link](#).

**Q:** Who is eligible to provide telehealth services?

**A:** Qualified providers permitted to furnish Medicaid-reimbursed telehealth services during the coronavirus national health emergency include physicians and certain non-physician providers such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners enrolled in Georgia Medicaid such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists and therapists (PT, ST and OT) may also deliver services within their scope of practice, consistent with Medicaid reimbursement rules, and in the category of service in which they are enrolled.

For further guidance, please review the [DCH telehealth banner messages](#) and [GAMMIS](#).

**Q:** What modifiers should be used?

**A:** Providers should check the GAMMIS Portal Procedure tab to determine the appropriate modifier to use for their respective code for services rendered for telehealth. Providers should also use the Place of Service code 02 to denote telehealth. If the GT or other telehealth modifier

is not listed billable with the specific procedure code, please use only the 02 place of service to indicate that the service was delivered through telehealth.

**Q:** If an Adult Day Health (ADH) center is closed, but is doing telephonic checks with members twice weekly, is there a specific code/modifier needed for the retainer fee?

**A:** On days when you are not providing “electronic ADH support” you will bill the ADH procedure code as you would ordinarily to represent the retainer payment. There is no specific retainer code required.

\*Please note that there can be no duplicative reimbursement for telehealth claims and same-day retainer payments.

**Q:** If we have a current authorization for a patient, can the current authorization be used to cover Telehealth visits, or will we have to obtain a separate authorization?

**A:** No. Separate authorization is not required to perform telehealth services.

**Q:** Is written consent required prior to providing or receiving services via telehealth?

**A:** No. However, providers are required to document verbal consent by the member or a legally responsible individual in the member’s record/chart.

**Q:** Is consent required prior to every visit?

**A:** Yes. Providers are required to document verbal consent by the member or a legally responsible individual in the member’s record/chart.

#### Other

**Q:** Will members have to pay a copay for care during the coronavirus national health emergency?

**A:** During the coronavirus emergency period, DCH is suspending the collection of all Medicaid copayments for dates of service **on or after May 1, 2020**. The suspension of copayments will remain in effect through the duration of the coronavirus national health emergency. The suspension applies to all fee-for-service and managed care services. For more information, please see the [memo from DCH](#).