

**205.559 Requirements for Medicaid reimbursement to participating providers for telehealth consultations -- Report of impact on health care delivery system required -- Administrative regulations.**

- (1) The Cabinet for Health and Family Services and any regional managed care partnership or other entity under contract with the cabinet for the administration or provision of the Medicaid program shall provide Medicaid reimbursement for a telehealth consultation as defined in KRS 205.510 that is provided by a Medicaid-participating practitioner who is licensed in Kentucky.
- (2)
  - (a) The cabinet shall establish reimbursement rates for telehealth consultations. A request for reimbursement shall not be denied solely because an in-person consultation between a Medicaid-participating practitioner and a patient did not occur.
  - (b) A telehealth consultation shall not be reimbursable under this section if it is provided through the use of an audio-only telephone, facsimile machine, or electronic mail.
- (3) A health-care facility that receives reimbursement under this section for consultations provided by a Medicaid-participating provider who practices in that facility and a health professional who obtains a consultation under this section shall establish quality-of-care protocols and patient confidentiality guidelines to ensure that telehealth consultations meet all requirements and patient care standards as required by law.
- (4) The cabinet shall not require a telehealth consultation if an in-person consultation with a Medicaid-participating provider is reasonably available where the patient resides, works, or attends school or if the patient prefers an in-person consultation.
- (5) The cabinet shall request any waivers of federal laws or regulations that may be necessary to implement this section.
- (6)
  - (a) The cabinet and any regional managed care partnership or other entity under contract with the cabinet for the administration or provision of the Medicaid program shall study the impact of this section on the health care delivery system in Kentucky and shall, upon implementation, issue an annual report to the Legislative Research Commission. This report shall include an analysis of:
    1. The economic impact of this section on the Medicaid budget, including any costs or savings as a result of decreased transportation expenditures and office or emergency room visits;
    2. The quality of care as a result of telehealth consultations rendered under this section; and
    3. Any other issues deemed relevant by the cabinet.
  - (b) In addition to the analysis required under paragraph (a) of this subsection, the cabinet report shall compare telehealth reimbursement and delivery among all regional managed care partnerships or other entities under contract with the cabinet for the administration or provision of the Medicaid program.
- (7) The cabinet shall promulgate an administrative regulation in accordance with KRS Chapter 13A to designate the claim forms, records required, and authorization

procedures to be followed in conjunction with this section.

**Effective:** July 1, 2019

**History:** Amended 2018 Ky. Acts ch. 187, sec. 3, effective July 1, 2019. -- Amended 2007 Ky. Acts ch. 24, sec. 26, effective June 26, 2007. -- Amended 2005 Ky. Acts ch. 99, sec. 233, effective June 20, 2005. -- Created 2000 Ky. Acts ch. 376, sec. 4, effective July 15, 2001.

**Legislative Research Commission Note (7/15/2001).** Under 2000 Ky. Acts ch. 376, sec. 24(1), this statute takes effect "on July 15, 2001, or upon approval of any federal waivers, whichever first occurs." Because federal waivers were not approved, the effective date is July 15, 2001.