



*The New Jersey*  
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**Governor Murphy Announces Departmental Actions to Expand  
Access to Telehealth and Tele-Mental Health Services in  
Response to COVID-19**

**TRENTON** - Governor Phil Murphy today announced departmental actions from the Department of Human Services, Department of Banking and Insurance, Department of Treasury, Department of Health, Department of Children and Family Services and the New Jersey Division of Consumer Affairs to ensure New Jerseyans have access to telehealth and tele-mental health services to the greatest extent possible during the COVID-19 outbreak. The Governor directed departments to identify opportunities to support broader access and departments have identified opportunities to do so, including the waiving of co-pays, allowing the use of telephonic telehealth and tele-mental health services, allowing patients to use services from the comfort of their own homes, and increasing flexibility in the technological platforms used to deliver services and more.

Last week, Governor Murphy signed legislation (A3860), which authorizes any health care practitioners to provide telemedicine and telehealth services for the duration of the public health emergency declared by the Governor. "As we continue to strengthen our health care system to meet the medical demands of the COVID-19 pandemic, access to telehealth and tele-mental health services for New Jerseyans will be more important than ever before," said Governor Murphy. "These actions will ensure that our most vulnerable residents have flexible access to vital health care services from the comfort and safety of their homes."

**Departmental Actions**

The Department of Human Services, Division of Medical Assistance and

Health Services is directing the Medicaid Managed Care Organizations and for the Medicaid Fee for Service Program that MCOs and Medicaid/NJ

**FamilyCare will:**

- Provide reimbursement to providers for telehealth, including tele-mental health services, in the same manner as for face-to-face services as long as the services are performed to the same standard of care as if the services were rendered in-person.
- Waive site of service requirements for telehealth, allowing NJ licensed clinicians (such as physicians, nurse practitioners, clinical psychologists, and licensed clinical social workers) to provide telehealth from any location and allowing individuals to receive services via telehealth from any location.
- Permit use of alternative technologies for telehealth such as telephonic and video technology commonly available on smart phones and other devices.

**Department of Banking and Insurance is directing carriers in the individual, small and large group markets to:**

- Review their telemedicine and telehealth networks to ensure adequacy, given the apparent increased demand, as well as grant any requested in-plan exceptions for individuals to access out-of-network telehealth providers if network telehealth providers are not available, including, but not limited to, mental health and behavioral health providers, physical therapists, occupational therapists, and speech therapists, and any other health providers capable and authorized to provide telehealth or telemedicine services pursuant to State law or other State-issued guidance.
- Cover, without cost-sharing any healthcare services or supplies delivered or obtained via telemedicine or telehealth.
- Encourage providers to utilize telemedicine or telehealth services to minimize exposure of provider staff and other patients to those who may have the COVID-19 virus.
- Ensure that the rates of payment to in-network providers for services delivered via telemedicine or telehealth are not lower than the rates of payment established by the carrier for services delivered via traditional

(i.e., in-person) methods.

- Notify providers of any instructions that are necessary to facilitate billing for telehealth services.
- Allow for telephonic telehealth services and flexibility in the specific technology used to deliver the services.
- Eliminate (may not impose) prior authorization requirements on medically necessary treatment that is delivered via telemedicine or telehealth.
- Disseminate information on their website, or other reasonable means, to notify individuals of these updates.

**Department of Treasury, Division of Pension and Benefits has directed Horizon to:**

- Continue to provide 24/7 Access to Horizon Nurse Line over the phone at no cost to members.
- Cover, without cost-sharing, telehealth for in-network providers.
- Horizon Care Online, a consumer friendly, telehealth platform, is available to provide telehealth visits.
- Expand access to Telehealth/Telemedicine to include network providers outside of Horizon Care Online, including both mental and physical health providers in their network.
- Onboard a service entitled Inpathy, Inc., which allows those behavioral health providers that are currently in network to quickly onboard onto a Telehealth digital platform that will facilitate appointments between members and providers. The service is available for appointments from 7am to 11pm, 7 days per week.
- Additionally, CMS has recently relaxed telemedicine and telehealth restrictions for these products in the Medicare Advantage plans. Aetna, the SHBP/SEHBP's only MA provider, has contracted with a digital telemedicine provider to augment the capabilities of its current network in order to provide increased access to telemedicine services.

**Department of Health, Charity Care Program:**

Charity Care Eligible patients will have access in the acute care setting that mirrors the Medicaid program changes detailed above.

Department of Children and Families, Children's System of Care (CSOC):

For all nonresidential mental health, substance use, and intellectual and

developmental screening and treatment services contracted by CSOC and/or prior authorized by PerformCare, CSOC will:

- Provide reimbursement to providers for telehealth and tele-mental health services in the same manner as for face-to-face services as long as the services are performed to the same standard of care as if the services were rendered in-person.
- Waive site of service requirements for telehealth, allowing NJ licensed clinicians (such as physicians, nurse practitioners, clinical psychologists, and licensed clinical social workers) to provide telehealth and telepsychiatry from any location and allowing individuals to receive services via telehealth from any location.
- Permit use of alternative technologies for telehealth and telepsychiatry as telephonic, video technology commonly available on smart phones and other devices.

**The Division of Consumer Affairs, within the Department of Law & Public Safety will:**

- Waive certain statutory and regulatory provisions, for the duration of the declared state of emergency, in order to reduce barriers for practitioners to engage in telemedicine, as authorized by legislation signed by Gov. Murphy on March 20, 2020.
- Specifically, these waivers will eliminate restrictions that prevented practitioners from establishing a doctor/patient relationship using telemedicine or telehealth, provide greater flexibility in the types of technologies that may be used, including the telephone, and remove requirements that patients be physically present at a specific address in order to engage in telehealth or telemedicine.
- Encourage licensees to utilize alternative technologies for telehealth such as audio-only telephone or video technology commonly available on smart phones and other devices. Providers now have the flexibility to use all available and appropriate technological devices to offer telehealth as long as these services meet the standard of care.

For more information on DHS's efforts, please click [here](#).

For more information on DOBI's efforts, please click [here](#).

For more information on the Department of Treasury's efforts, please click [here](#).

For more information on DCF's efforts, please click [here](#).

For more information on the Division of Consumer Affairs' efforts, please click [here](#).

An announcement regarding a regional telehealth initiative will follow.

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**CMS Announces Relief for Clinicians, Providers, Hospitals and  
Facilities Participating in Quality Reporting Programs in Response to  
COVID-19**

The 2019 Merit-based Incentive Payment System (MIPS) data submission deadline will be extended by 30 days to April 30, 2020. If you have already submitted MIPS data or if you submit MIPS data by April 30, 2020, you will be scored and receive a MIPS payment adjustment based on the data you submit.

In addition, MIPS eligible clinicians who have not submitted any MIPS data by April 30, 2020 do not need to take any additional action to qualify for the automatic extreme and uncontrollable circumstances policy. These clinicians will be automatically identified and receive a neutral payment adjustment for the 2021 MIPS payment year.

To read more, click on the link here.

<https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>

For guidance on this issue, contact us through the Third-Party Insurance Help Program.

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