

October 31, 2023

Farah Hanley  
Chief Deputy Director for Health  
Michigan Department of Health and Human Services  
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P.O. Box 30195  
Lansing, Michigan 48909

cc: Erin Smith  
[SmithE52@michigan.gov](mailto:SmithE52@michigan.gov)

**RE: Stakeholder concerns regarding Bulletin MMP 23-10**

Dear Deputy Director Hanley,

Following up on ATA Action's earlier correspondence and meetings with your department, ATA Action and the undersigned organizations want to express our continued concerns regarding the new requirements for in-person services in Michigan Medicaid Policy bulletin MMP 23-10 ("MMP 23-10", effective May 12, 2023) and the troubling (and perhaps unintended) impact on beneficiaries' access to care. ATA Action hopes it might be possible to meet with you and discuss these updated guidelines at your earliest convenience.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

ATA and ATA Action members include member organizations with hundreds of Michigan Medicaid providers available to over 350,000 Michigan Medicaid beneficiaries in areas such as primary care, urgent care, behavioral and mental healthcare, treatment for substance use disorder, and chronic care management. ATA Action is troubled that some of our members – in direct response to the new in-person requirements in MMP 23-10 – are making plans to stop serving Medicaid beneficiaries altogether, to no longer take new patients via telemedicine, or are reconsidering plans to offer new services in the state. Removing these existing Medicaid providers will interrupt existing patient care and only exacerbate current healthcare workforce shortages.

As we have highlighted previously, MMP 23-10 (a) indicates a preference toward in-person care and away from telemedicine services and, most problematic, (ii) restricts telemedicine services that do not include "reasonably frequent and periodic in-person evaluations of the beneficiary by the provider." Practically speaking, this means that providers delivering telehealth services outside of episodic care must have a physical location within a geographic proximity of every Medicaid beneficiary they serve. This prerequisite limits the ability of telehealth to address workforce shortages and drastically shrinks the pool of Michigan-licensed providers eligible to deliver telehealth services to beneficiaries, restricting patient access to care in the process.

The mandate for "reasonably frequent and periodic in-person evaluations" does not necessarily translate into better healthcare services. Rather, studies have consistently shown that the quality of healthcare services delivered via telemedicine is as good as those given in traditional, in-person consultations. In

some specialties, particularly in mental health care, telemedicine can often deliver a superior service with greater patient satisfaction.

Further, MMP 23-10 creates a double standard by placing restrictions on Medicaid beneficiaries that are not placed on Michigan patients who receive their health insurance in the commercial market. As you are likely aware, in 2020 the legislature passed, and Governor Whitmer signed, a collection of bi-partisan bills which increased access to telemedicine, including a new provision specifically barring private insurers from requiring for reimbursement “face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine” [Michigan Code § 500.3476]. The new policy has effectively created two-classes of patients, those with broad access to telemedicine services and those with limited access, simply on the basis of their ability to afford a private insurance plan.

The impact of MMP 23-10 will not be limited to our members and the patients they serve. Telehealth has been integral to health care delivery in Michigan since the beginning of the PHE, particularly in behavioral health. A recent June 2023<sup>1</sup> report from the University of Michigan took a comprehensive look at the use of telehealth in the state and found that nearly 50% of Michigan counties have 10 or fewer behavioral health specialists and 20% of counties have none. The authors concluded that telehealth expansion has “undeniably enhanced access to behavioral health services” by delivering care to high-demand areas and where there are shortages of behavioral health providers. Indeed, the report found that “among Medicaid beneficiaries residing in Michigan counties with high demand for behavioral healthcare, **52% received their treatment via telehealth**” in 2021 for mental health or substance use disorder.

ATA Action and the undersigned organizations request the Department revise MMP 23-10 to remove the prerequisite for in-person exams and instead reinforce that providers have a responsibility to refer the patient for in-person follow-up care.<sup>2</sup> We would appreciate the opportunity to work with you on a solution that preserves beneficiaries’ access to telemedicine, while ensuring patient choice and appropriate standards of care. Thank you for your consideration. Please do not hesitate to contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

American Telemedicine Association  
ATA Action  
LifePoint Health  
MDLIVE  
Michigan Psychological Association  
Prescribery Corp  
RHITES (Reproductive Health Initiative for Telehealth Equity & Solutions)  
Samaritan Health Care, PC  
UP Health System – Bell, Marquette & Portage

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<sup>1</sup> Univ. of Mich. Inst. For Healthcare Policy and Innovation, *Telehealth in Michigan: Insights and Data for Effective Policymaking* (June 2023), [available here](#).

<sup>2</sup> This is also the recommendation of the Federation of State Medical Boards. See Federation of State Medical Boards, *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, April 2022, pages 6 and 9, <https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>.