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TELEHEALTH & MEDICAID: A POLICY WEBINAR SERIES

What's Next? A Roadmap for Medicaid Telehealth Policy Beyond the Pandemic

February 5, 2021

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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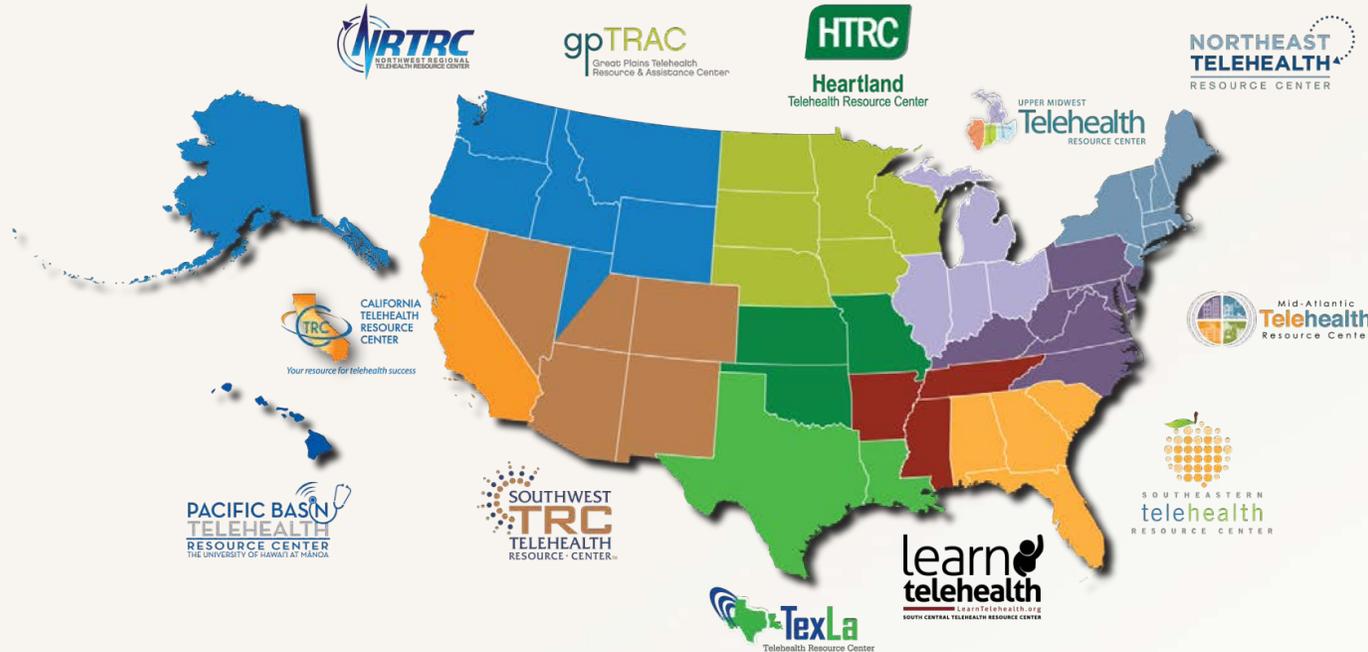The National Telehealth Policy Resource Center

About CCHP

- Established in 2009 by the California Health Care Foundation
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners

NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org

NRTRC
NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

gpTRAC
Great Plains Telehealth Resource & Assistance Center

HTRC
Heartland Telehealth Resource Center

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2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

TRC
TELEHEALTH RESOURCE CENTERS

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Telehealth & Medicaid: A Policy Webinar Series

April 30, 2021

May 7, 2021

May 14, 2021

May 21, 2021

Image source: American Psychological Association

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Today's Webinar

Presentation #1

Joanne Jee, MPH, Principal Analyst, MACPAC

Presentation #2

Dr. Sara Salek, Chief Medical Officer, Arizone Health Care Cost Containment System (AHCCCS)

Presentation #3

Tracy Johnson, PhD, Medicaid Director, Colorado Department of Health Care Policy and Financing (CO Medicaid)

Presentation #4

Lori Coyner, Medicaid Director, Oregon Health Plan, Oregon Health Authority

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CCHP Webinar

What's Next? A Roadmap for Medicaid Telehealth Policy in a Post-COVID World

—

Medicaid and CHIP Payment and Access Commission

Joanne Jee

Overview

- About MACPAC
- Telehealth in Medicaid: Pre-COVID
- Telehealth in Medicaid: During COVID
- Telehealth in Medicaid: Post-COVID
- MACPAC Resources
- Questions

About MACPAC

- Provides analysis and advice to Congress and HHS on Medicaid and CHIP policy issues

- 17 commissioners appointed by GAO

- Reports annually on March 15 and June 15

- Technical assistance to Congress

- Information resource to states and the broader health policy community

Telehealth in Medicaid: Pre-COVID

- Nearly all state Medicaid programs provided some coverage of telehealth

- Substantial state flexibility to cover telehealth

- Many considerations for state telehealth decisions (e.g., connectivity and technology, licensure, privacy, provider workflow)

- Little published data or research on Medicaid use, spending, or outcomes of telehealth

Telehealth in Medicaid: During COVID

- All states now cover some telehealth
- No changes in federal authorities
- CMS issued telehealth guidance and toolkits
- CMS Medicaid and CHIP Preliminary Data [Snapshot](#) (services through July 31, 2020):
  - Use increased 2,846% from March-July 2020 compared to the same period in 2019
  - Use peaked in April, has decreased since for all age groups
  - Adults age 19-64 had the highest use of telehealth
  - Telehealth offset some but not all of the decline in outpatient mental health services among children and adults

Telehealth in Medicaid: Post-COVID State Actions and Experience

- Decisions on telehealth coverage and policies
- Approaches and considerations for:
  - Payment
  - Network adequacy
  - Measuring quality and outcomes
  - Preventing fraud, waste, and abuse

Telehealth in Medicaid: Post-COVID State Actions and Experience

- Availability and completeness of data:
  - utilization
  - spending
  - characteristics of users of telehealth
- Effects on access to care
- Quality, beneficiary and provider satisfaction
- Equity in access to telehealth

MACPAC Resources

- March 2018 report to Congress chapter on telehealth in Medicaid

- *Changes in Medicaid Telehealth Due to COVID-19* report and catalog

- Comment letter on HHS Report to Congress on Telehealth for Pediatric Substance Use Disorder Treatment

- www.macpac.gov

Questions?

Please submit questions using the Q&A function.

Arizona Medicaid Telehealth Coverage
Before, During, and Post-COVID-19 Pandemic

Dr. Sara Salek
Chief Medical Officer, AHCCCS

Arizona Medicaid Telehealth Coverage: Pre-Pandemic

AHCCCS
Arizona Health Care Cost Containment System

Arizona Medicaid Telehealth Coverage
Pre-Pandemic (October 1, 2019)

Healthcare services delivered via:

- Telemedicine (interactive audio and video)

- Asynchronous (store and forward)

- Remote patient monitoring

- Teledentistry

Arizona Medicaid Telehealth Coverage
Pre-Pandemic (October 1, 2019)

Broadening of POS allowable for distant and originating sites

No restrictions on distant site (where provider is located)

Broadening of originating site (where member is located) to include home for many service codes

Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous

No rural vs. urban limitations

MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate

Arizona Medicaid Telehealth Coverage
Pre-Pandemic (October 1, 2019)
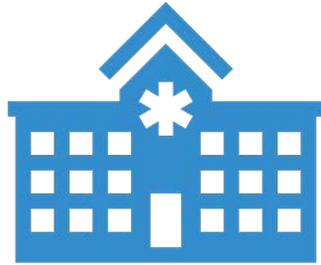
Pre 10/1/19

Real-time telemedicine limited to 17 disciplines
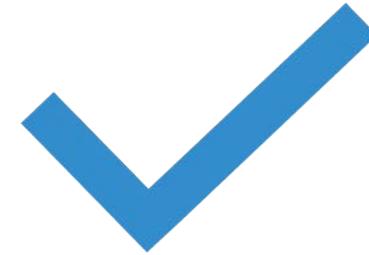
Implemented 10/1/19

No restrictions on disciplines

Arizona Medicaid Telehealth Coverage
Pre-Pandemic (October 1, 2019)

Pre 10/1/19

Asynchronous covered in very limited circumstances
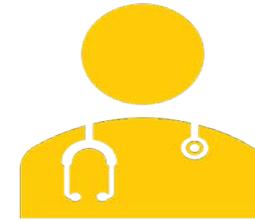
Implemented 10/1/19

Dermatology

Radiology

Ophthalmology

Pathology

Neurology

Cardiology

Behavioral Health

Infectious Disease

Allergy/Immunology

Arizona Medicaid Telehealth Coverage
Pre-Pandemic (October 1, 2019)
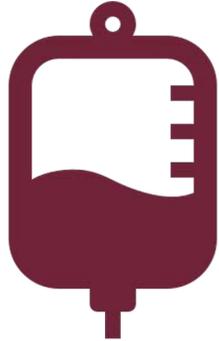
Pre 10/1/19

Telemonitoring limited to CHF

Implemented 10/1/19

No restrictions on telemonitoring

Arizona Medicaid Telehealth Coverage: Intra-Pandemic

AHCCCS
Arizona Health Care Cost Containment System

Arizona Medicaid Telehealth Coverage
Intra-Pandemic (March 2020)

- Created Temporary Telephonic Code Set

- Added >150 CPT and HCPCS codes to Telehealth Code Set

- Managed Care Organizations (MCOs) required to:

  - Reimburse at the same rate for services provided "in-person" and services provided via telehealth and/or telephonically

  - Cover all contracted services via telehealth modalities

FFY20 YTD Statewide Utilization By Mode of Service Delivery
(Distinct Member Count by Month, Rate Per 100,000 Enrolled Members)
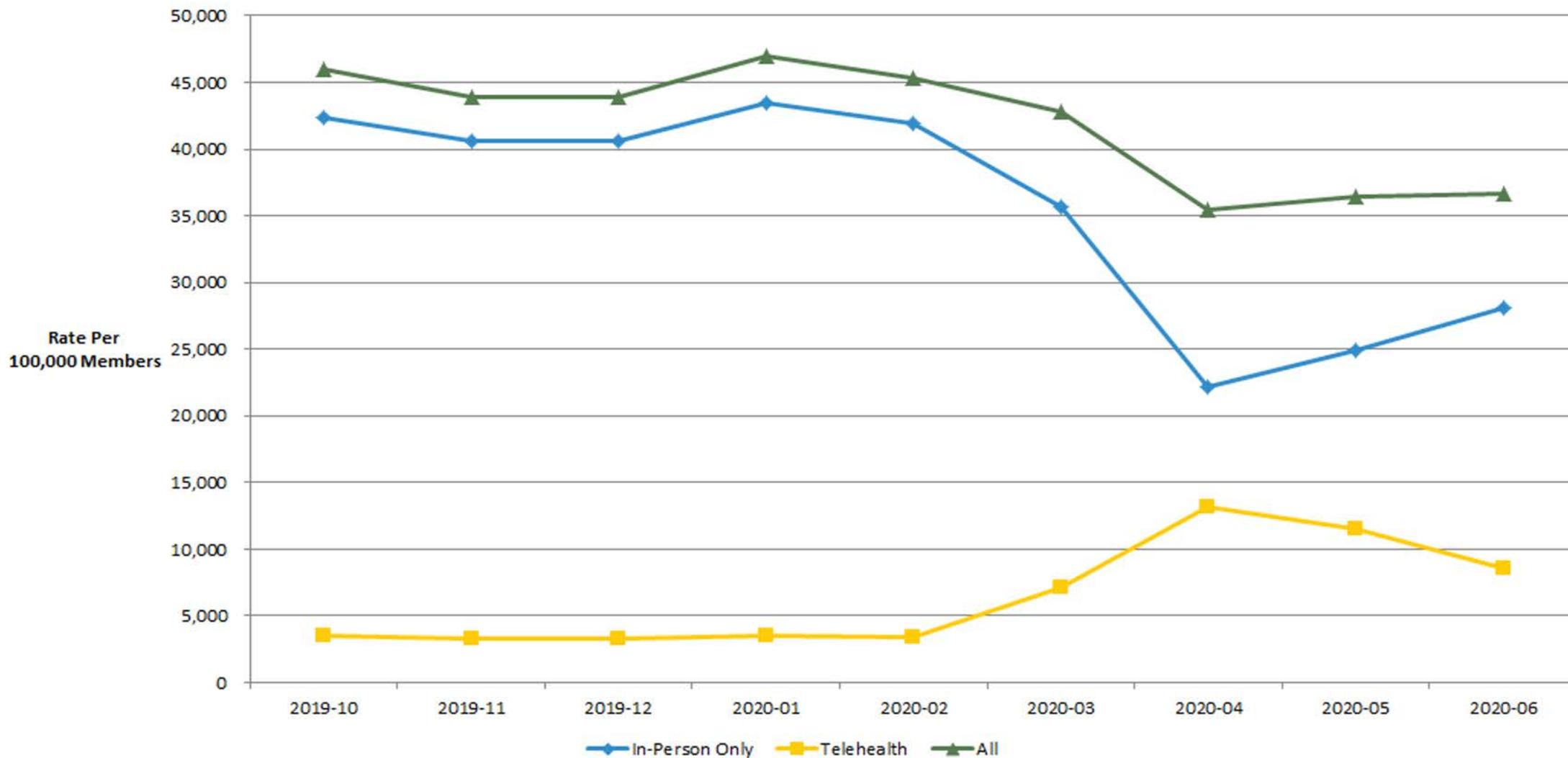
Telehealth and Telephonic Claims/Encounters Volume
(Total # of CRNs, 10/1/2019 - 10/31/2020)
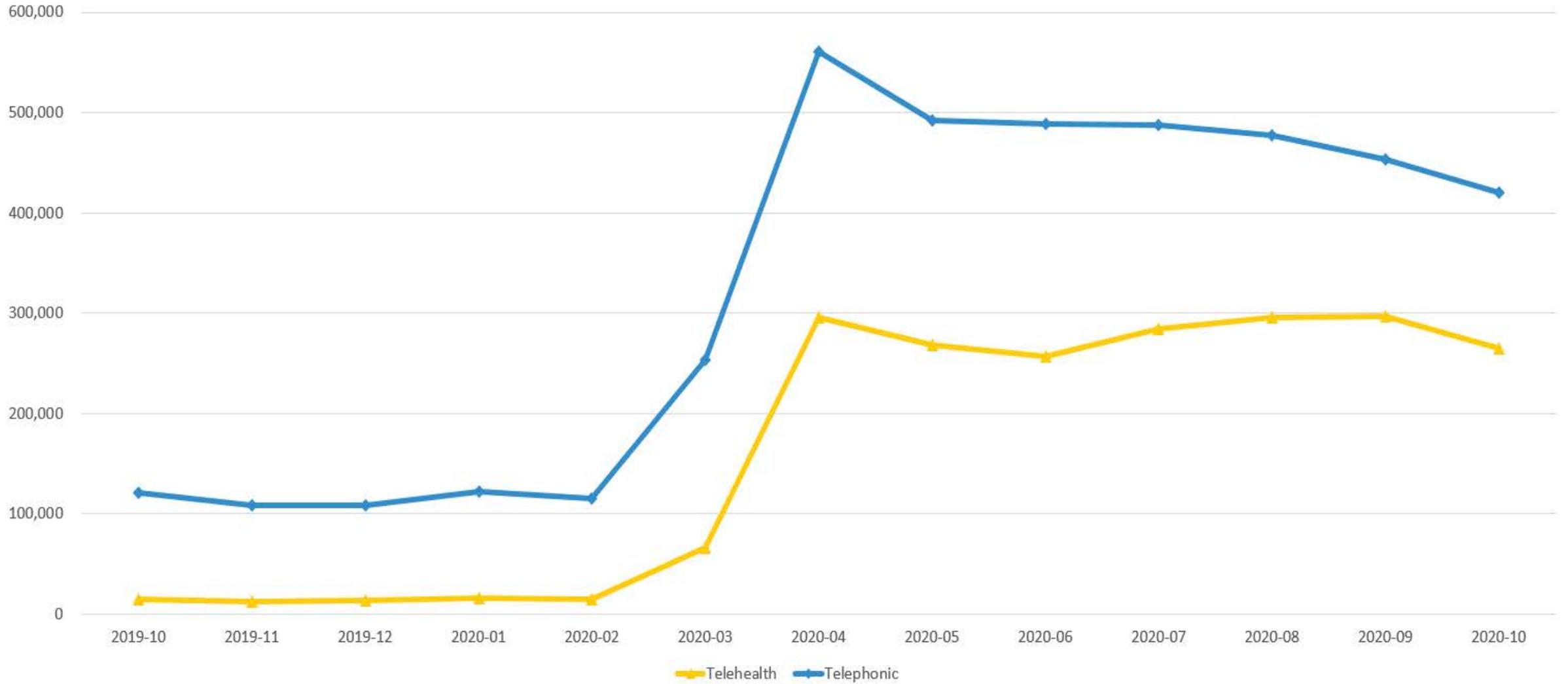
Distribution of All Claims/Encounters
September 2020
(Real-Time Audio/Visual, Store-and-Forward and Telephonic Combined; Delineated By BH and PH)

Telehealth-BH
8%

Telehealth-PH
2%

In-Person (BH & PH)
90%

Legend: ■ Telehealth-BH ■ Telehealth-PH ■ In-Person (BH & PH)
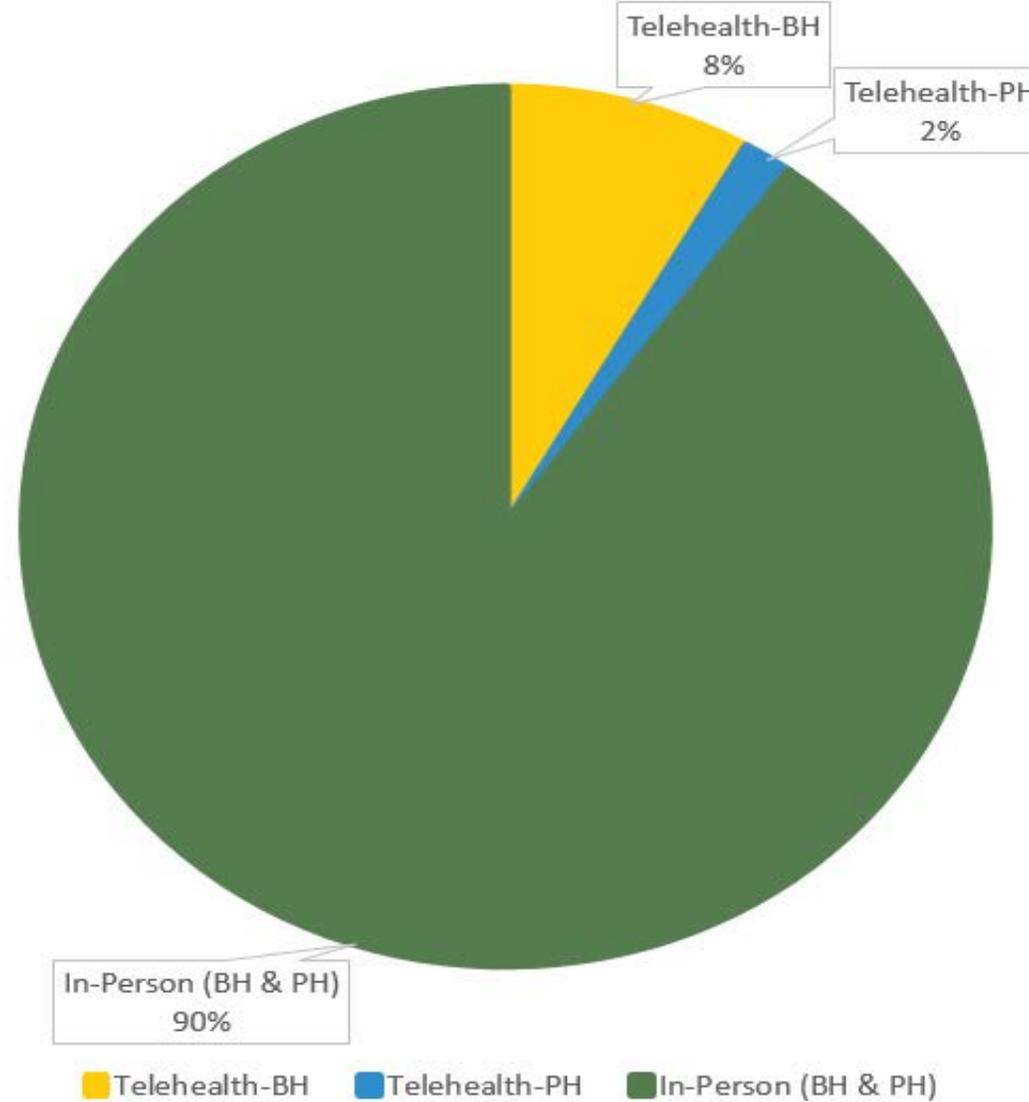
Telehealth Physical Health Services Via Real-Time Audio/Visual and Store/Forward
Pre-Pandemic (10/19-2/20) and Start of PHE (3/20-7/20)
(Number of Claim Lines/Services Rendered, Rate Per 10,000 Enrolled Members, All LOB)
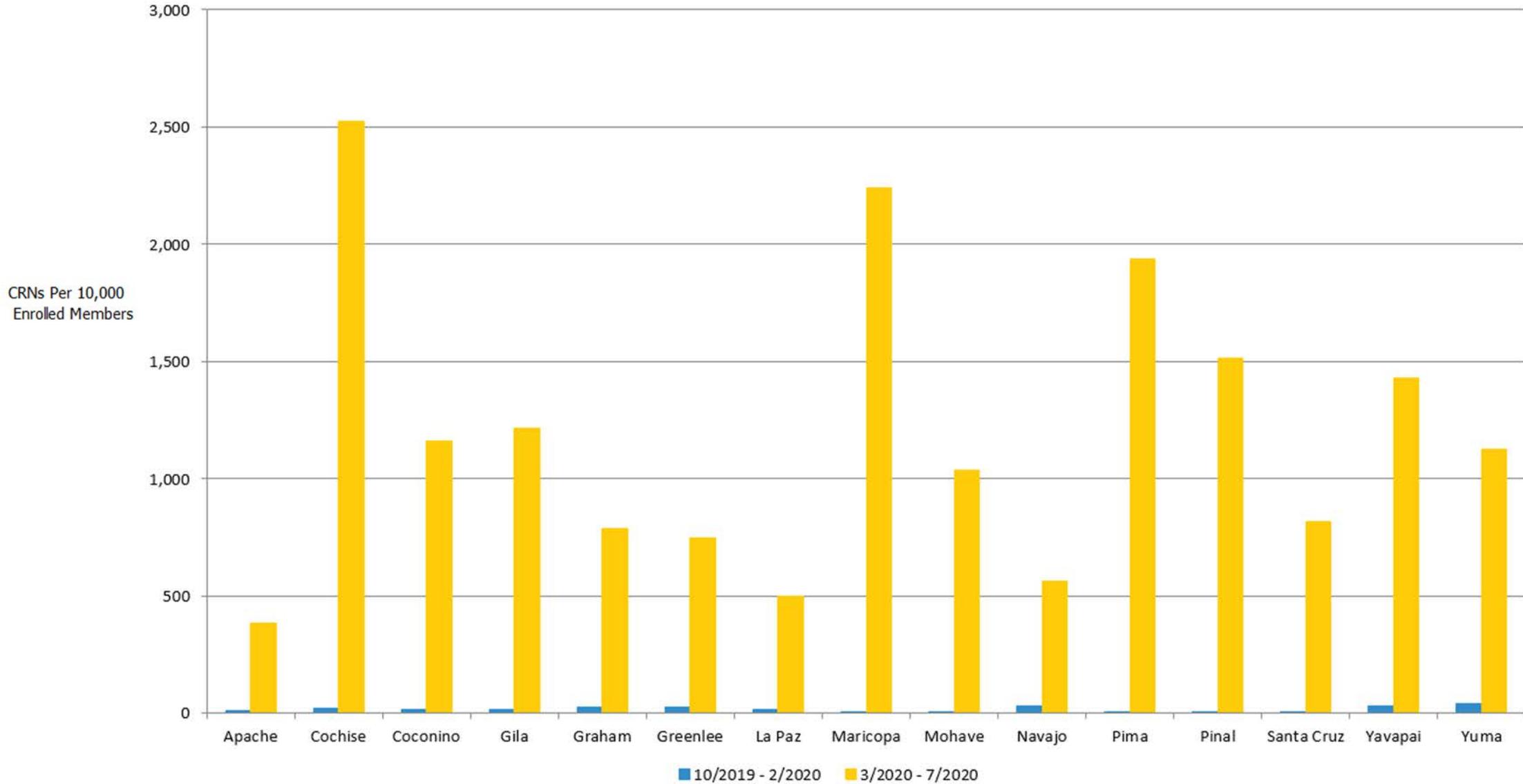
Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

- AHCCCS telehealth policy flexibilities for COVID-19 have been extended through 9/30/21

- AHCCCS intends to finalize post-COVID-19 telehealth coverage decisions by 7/1/21

Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

- Crosswalking CMS Core Set HEDIS measures NCQA telehealth allowances and Arizona's telehealth code set

- Financial analysis ongoing

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) planned for ACC, CMDP, SMI, and KidsCare in Arizona

  o Adopted Oregon's telehealth supplemental questions for potential cross State analysis

AHCCCS Telehealth Coverage Summary

WHAT	TECHNOLOGY	TELEHEALTH MODIFIER[1] OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODE SET AVAILABLE	CODE SET AVAILABLE AFTER COVID 19 EMERGENCY
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site[2]	Telehealth Code Set	YES
Asynchronous (Store+Forward)	Transmission of recorded health history through a secure electronic communications system	GQ	Originating Site[2]	Telehealth Code Set	YES
Remote Patient Monitoring	Synchronous (real-time) or asynchronous (store and forward)	GT-Synchronous GQ-Asynchronous	Originating Site[2]	Telehealth Code Set	YES
Teledentistry	Synchronous (real-time) or asynchronous (store and forward)	D9995-Synchronous D9996-Asynchronous	Originating Site[2]	Teledentistry Code Set[3]	YES
Telephonic	Audio	None	02-Telehealth	Permanent Telephonic Code Set[3,4]	YES
Telephonic (Temporary)	Audio	UD	Originating Site[2]	Temporary Telephonic Code Set[3,4]	UNDER EVALUATION

1 All other applicable modifiers apply.

2 Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates

3 Adding to master Telehealth Code Set

4 Adding audio-only to Telehealth definition; evaluating modifier and POS coding standards

Questions for Arizona?

Please submit questions using the Q&A function.

Telemedicine Policy Goals

Colorado is committed to developing a comprehensive telemedicine policy that:

- improves access to high-quality services

- promotes health equity

- integrates with medical home & neighborhood

- prods innovation thru aligned payment policy

- ensures value for the taxpayer dollar

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Telemedicine Policy Changes

On March 20, 2020, in response to the COVID-19 public health emergency, Colorado expanded its telemedicine coverage to include. These rules were made permanent in June 2020:

Telephone only modality for certain services (and live chat)

Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, and Community Mental Health Centers
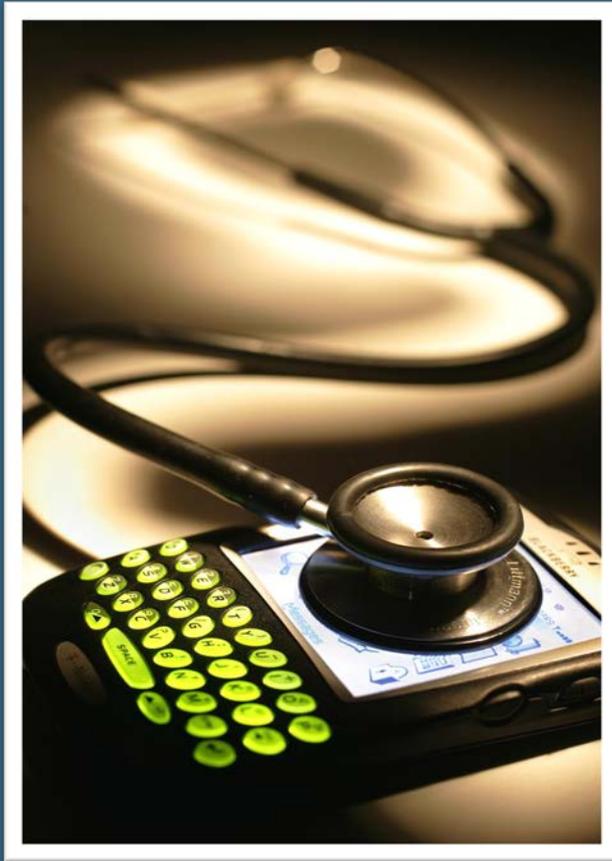
Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers

Requires reimbursement for telemedicine services at the same rate as in-person services (payment parity)

Evaluation

- ❑ **Literature Review**
- ❑ **Commissioned Research**
- ❑ **Stakeholder Conversations**
- ❑ **Member Survey Analysis**
- ❑ **Utilization Data Analysis**
- ❑ **Cost & Budget Modeling**
- ❑ **Collaboratives**

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Telemedicine Growth in FFS & Capitated BH Services
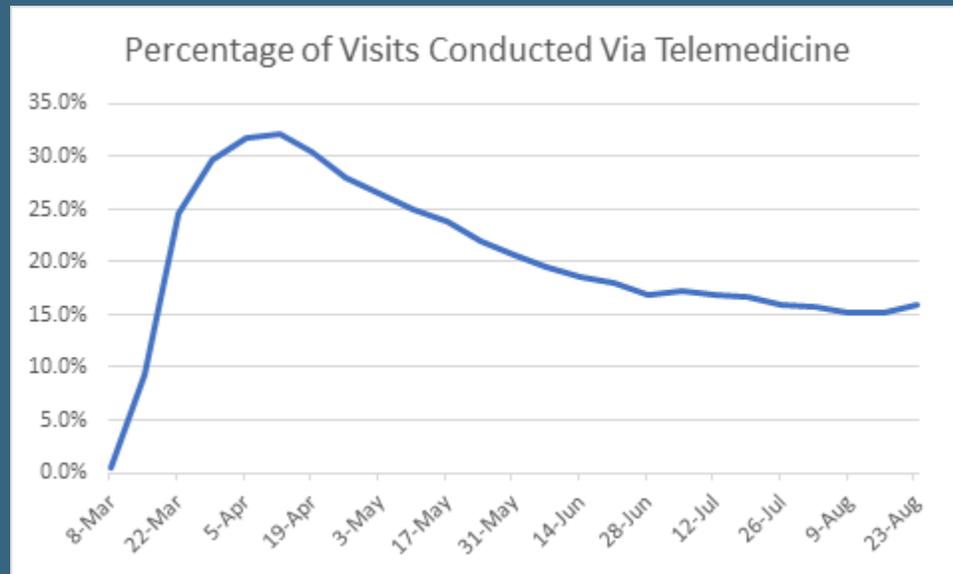
Percentage of Visits Conducted Via Telemedicine as a Percentage of All Telemedicine-Eligible Visits, March – August 2020
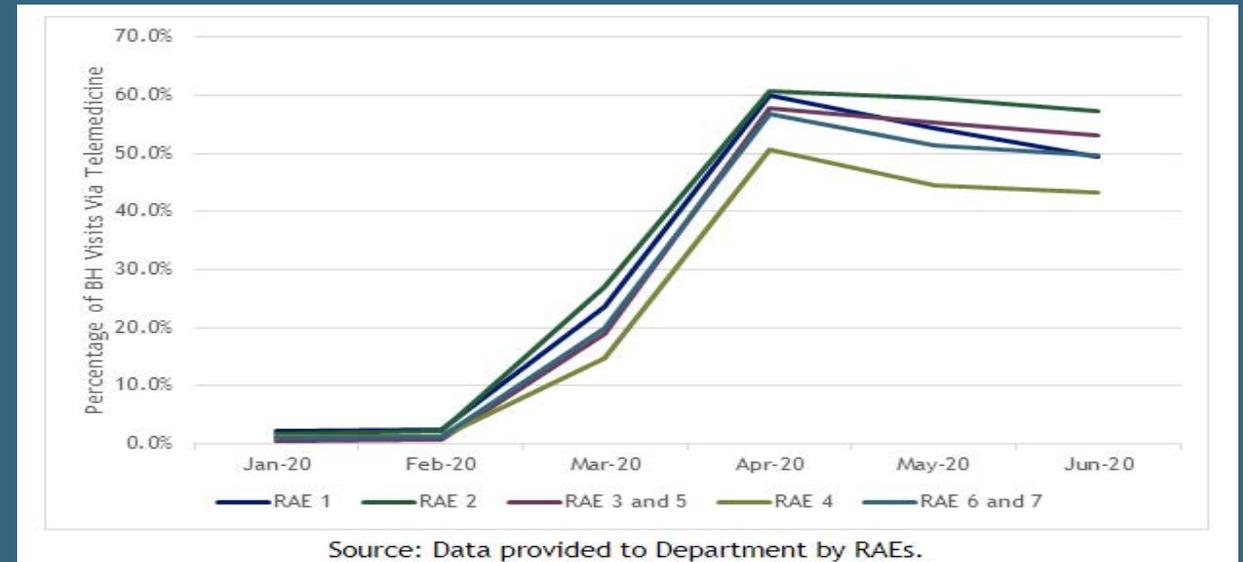
Percentage of Capitated Behavioral Health Visits Conducted Via Telemedicine, January through June 2020

Who is Using Telemedicine ?

Children – therapies are key driver of utilization

Adults – top diagnoses: opioid dependence, generalized depression and anxiety* and chronic disease management

Adults with Disabilities (waiver populations) – telemedicine is most commonly used for chronic disease management

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Who is Using Telemedicine ?

Urban utilization has been greater than rural for both medical and behavioral health diagnoses

ED trends are changing significantly with decrease in visits in all groups and some evidence of services shifting to telemedicine (ear infections for children)
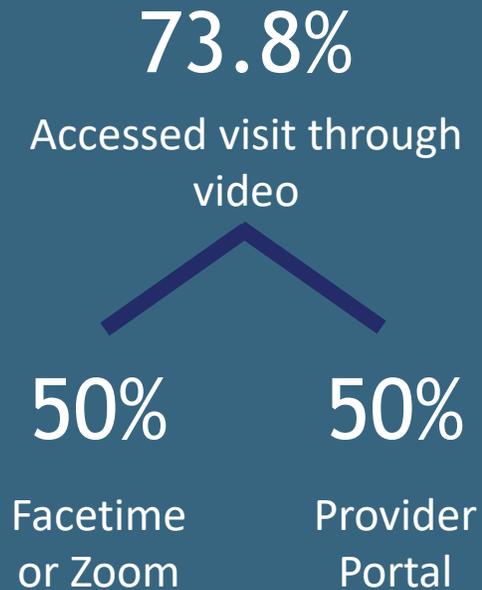
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Health Equity Findings

Considerations and barriers include:

- Rural / Urban digital divide

- Ability to access and navigate technology

- Age

- Language

- Cultural competency

- Disabilities

- Homelessness

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Member Survey Highlights

73.8%

Accessed visit through video

50%
Facetime or Zoom

50%
Provider Portal

84.3%

Said that the telemedicine visit either completely or mostly met their needs in terms of helping them with the medical care, advice, or service they were seeking

When asked what they would do if a telemedicine visit were not available,

69.1%

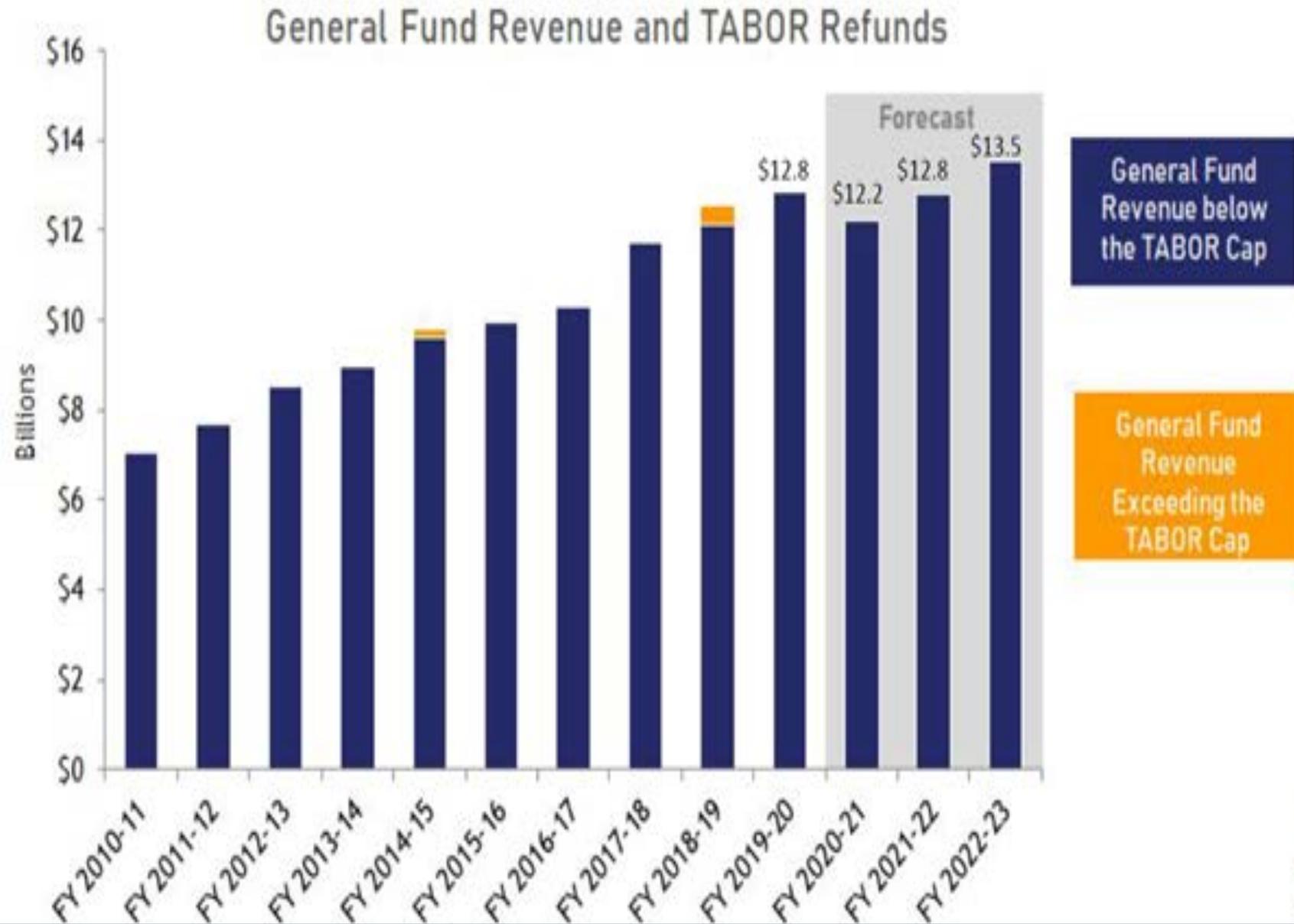of respondents said they would have delayed getting care and

9.6%

said they would have gone to the emergency department.

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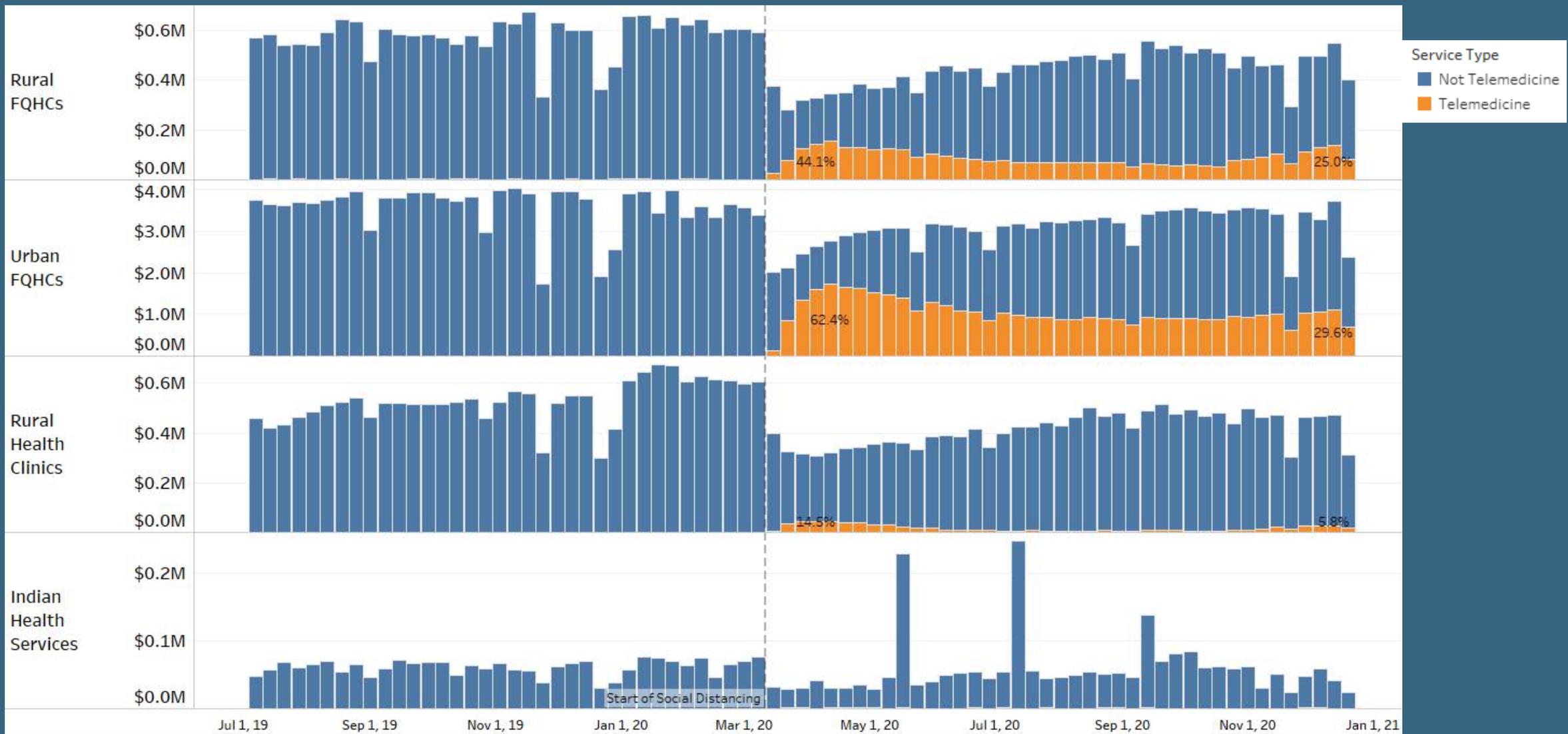
Note: Includes fee-for-service professional, outpatient, and dental services provided by listed provider type. IHS and dental services data is incomplete due to data issues. Data shows service dates from 7/7/19 through 12/26/20. Bars are the weekly paid amount with IBNR adjustment. IBNR adjustment is less accurate the more recent the week. These are estimates only. Changes in provider billing patterns would make the estimates less accurate. Rural and Urban county designation was made based on provider county. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.
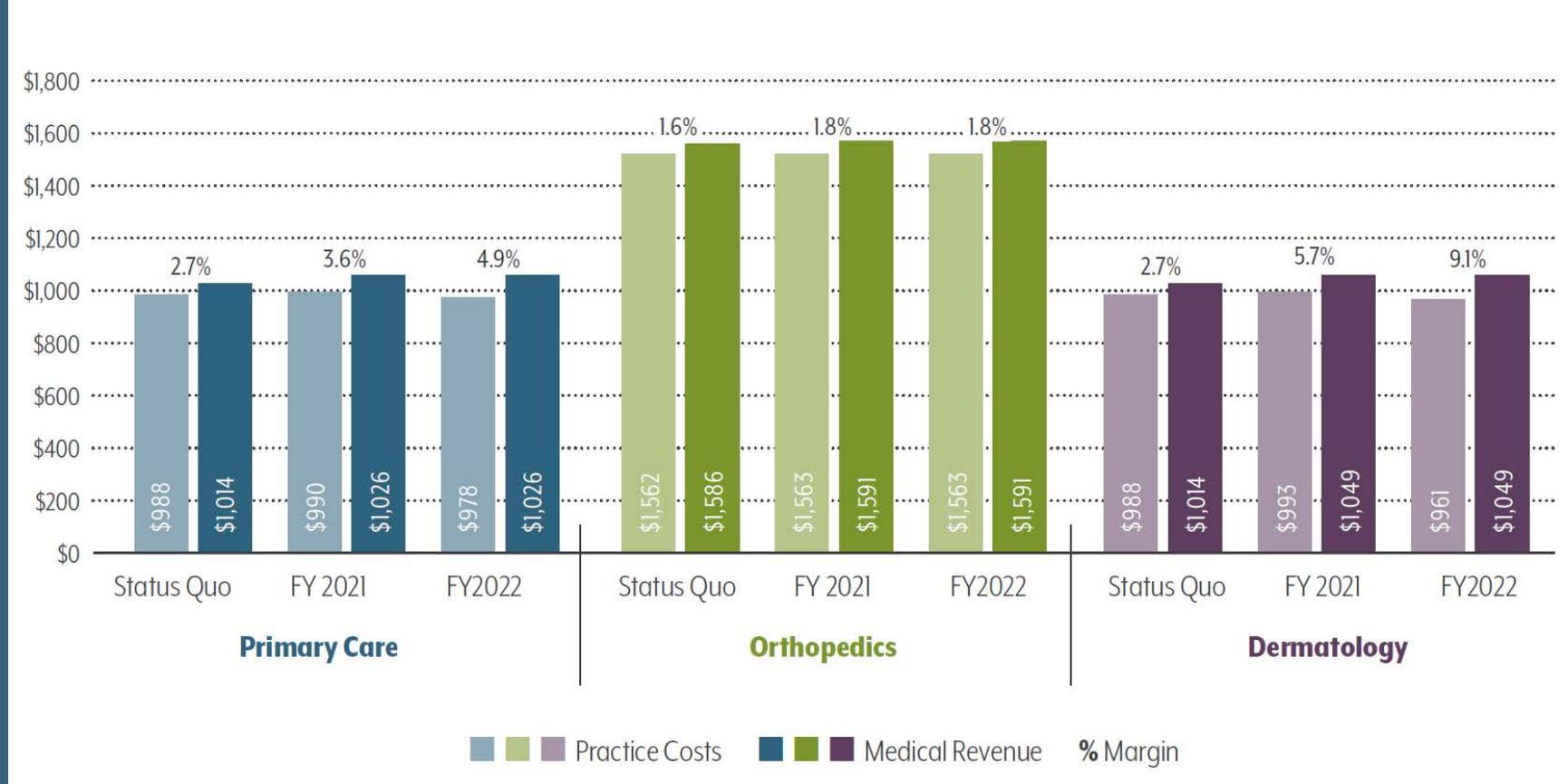
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44

Budget Implications

- Projected Telemedicine Spend

- FY20-21: $210m
- FY20-22: $253m

General Fund Revenue and TABOR Refunds

Forecast

$12.8 $12.2 $12.8 $13.5

General Fund Revenue below the TABOR Cap

General Fund Revenue Exceeding the TABOR Cap

Cost Modeling:
Telemedicine Uptake and Impact on Future Margins

Figure 1. Margins Increase With Telemedicine Adoption

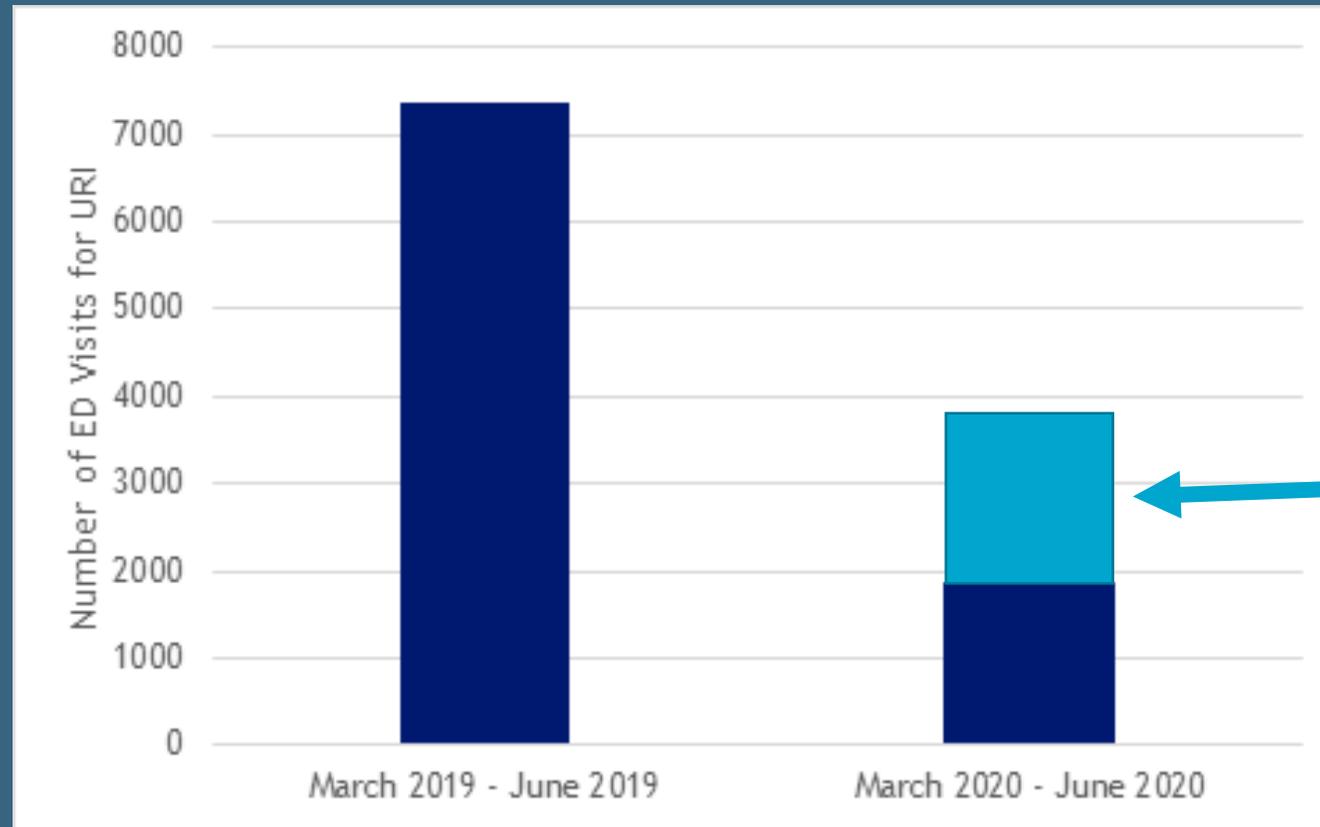Average Costs, Revenue, and Margin by Provider Type (Average Per Provider FTE, in Thousands)

Source: Colorado Health Institute

Emergency Department Trends

Number of ED Visits for Pediatric Upper Respiratory Infection, March – June 2019 vs 2020

Service Type
- ▮ Telemedicine Visit (light blue)
- ▮ ED Visit (dark blue)

1,917 telemedicine visits for pediatric upper respiratory infection since March 2020

Source: Colorado Department of Health Care Policy & Financing, Claims Analysis

Next Steps

- Distinguish emergency-only & permanent policies

- Retain medical home model integrity

- Build eConsult capability

- Monitor utilization

- Align payment policy

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Resources

Telemedicine Evaluation Report	TBD
Stakeholder resource page	www.colorado.gov/pacific/hcpf/stakeholder-telemedicine
Feedback form	https://forms.gle/EJGBT4SaTsRPVSvD8
Utilization data	https://www.colorado.gov/pacific/hcpf/provider-telemedicine#TeleUtDa
Telemedicine Billing Manual	www.colorado.gov/hcpf/billing-manuals

Questions for Colorado?

Please submit questions using the Q&A function.

Telehealth in Oregon Medicaid: The Path Forward
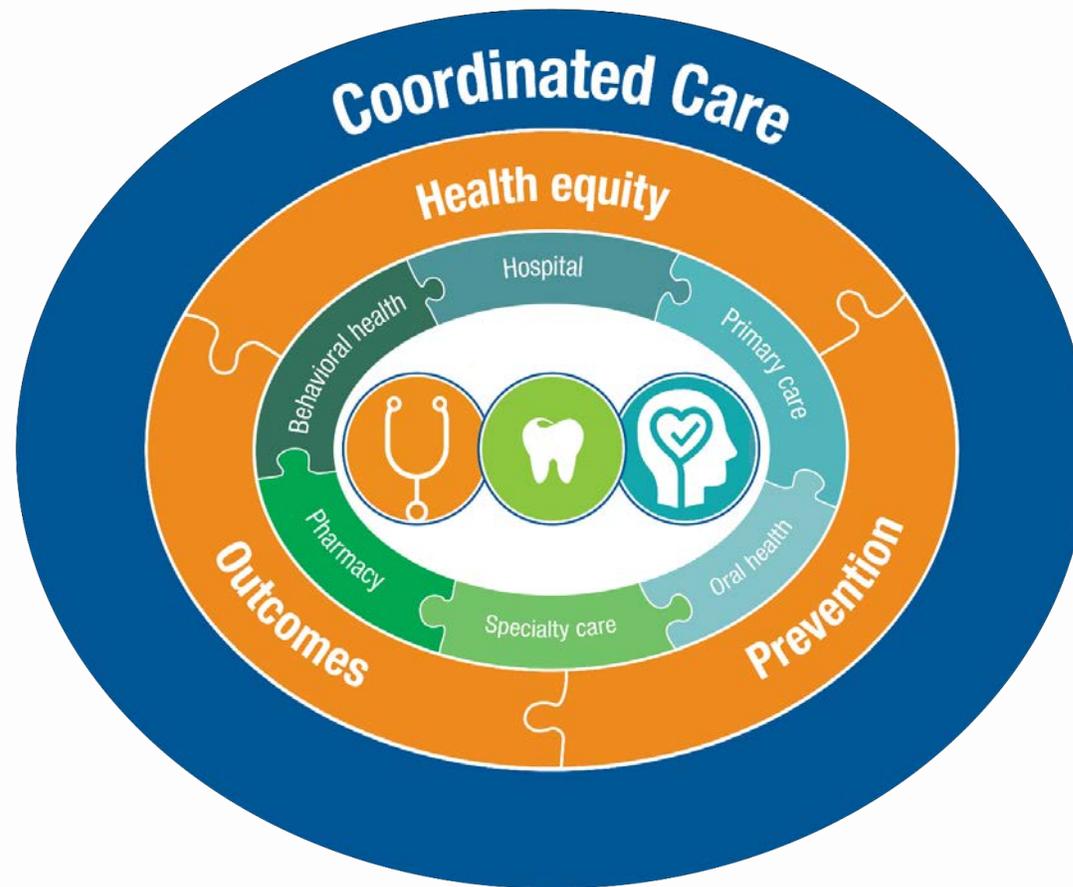
Lori Coyner, Medicaid Director

February 5, 2021

OREGON HEALTH PLAN

Oregon's Vision

A patient-centered system that treats the whole person and focuses on health not just health care.

OHA created CCOs in 2012 to improve care delivery in the Oregon Health Plan

Improve health

Reduce waste and costs

Create local accountability

Align financial incentives

Pay for better quality and better health

Coordinate care

Maintain sustainable spending

Measure performance

Health Coverage for One Million Oregonians

OHP provides:

- Physical, oral, and behavioral health care
- For about one million Oregonians
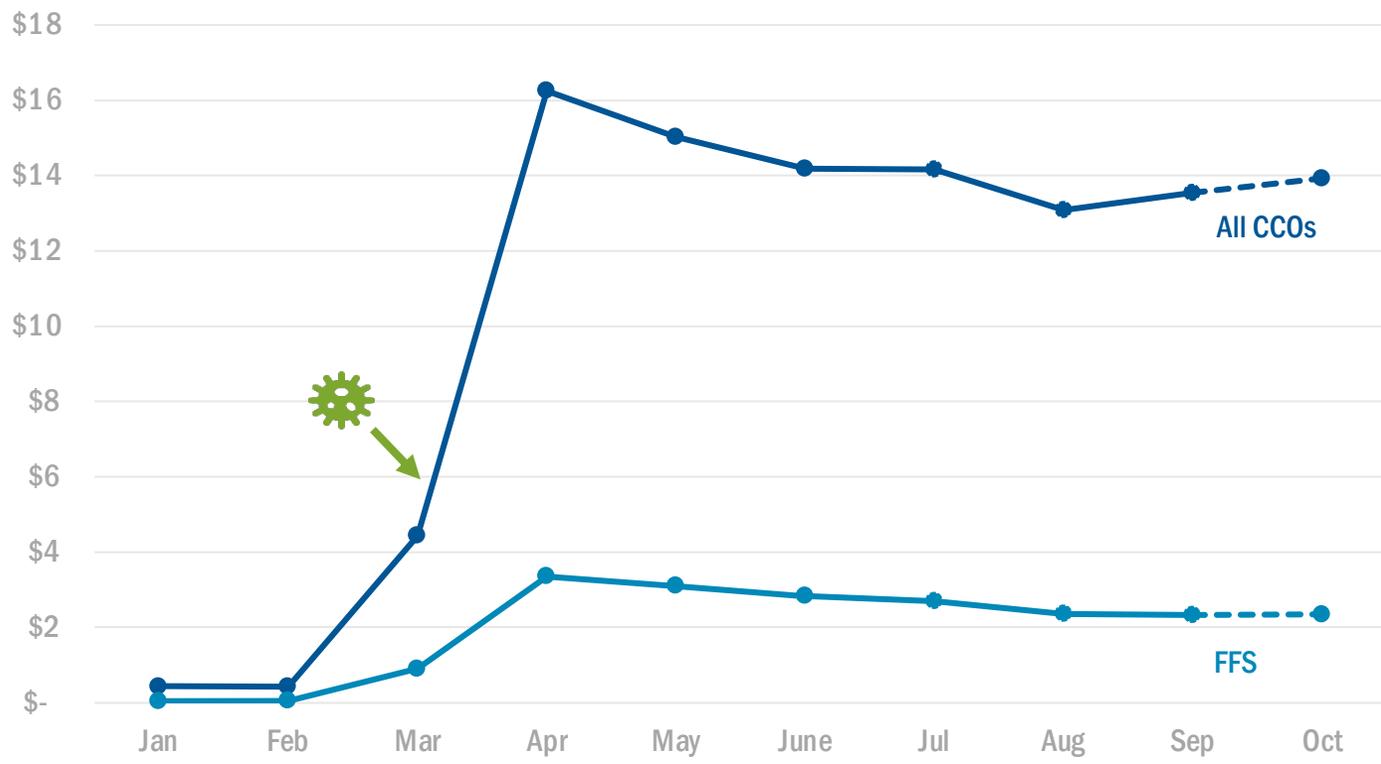- Of which 41% are children

OHP includes:

- Medicaid
- Children's Health Insurance Program (CHIP)
- Cover All Kids
- Reproductive Health Equity Act (RHEA)
- Other related services

TELEHEALTH AND COVID-19

Telehealth visits in the Oregon Health Plan peaked in April, and remain high

Figures are in millions
Data source: MMIS

All CCOs

FFS

*Note: Data reflect claims and encounters submitted to OHA as of 01/10/2021. Data are incomplete, especially for the most recent month.

Telehealth expansion supported by rapid policy change

Temporary policy changes in Oregon with new flexibilities:

- *Oregon Health Plan*: Increased coverage and reimbursement
- *Voluntary agreements* with major commercial health insurers
- *Licensing boards* eased regulations on out-of-state providers

Behavioral health visits are more common

Top Five most Frequent Diagnoses among CCO claims: January – December 2020					
Behavior Health Diagnosis			**Physical Health Diagnosis**		
Primary Diagnosis	**Primary Diagnosis Desc**	**Count**	**Primary Diagnosis**	**Primary Diagnosis Desc**	**Count**
F1120	Opioid dependence, uncomplicated	191,690	I10	Essential (primary) hypertension	13,157
F4310	Post-traumatic stress disorder, unspecified	170,443	Z20828	Contact w and exposure to other viral communicable diseases	9,633
F411	Generalized anxiety disorder	122,133	E119	Type 2 diabetes mellitus without complications	9,350
F1020	Alcohol dependence, uncomplicated	81,349	G4733	Obstructive sleep apnea (adult) (pediatric)	7,929
F1520	Other stimulant dependence, uncomplicated	71,906	R05	Cough	7,294

Oregon Health Authority

Moving toward permanent telehealth policy

- OHA developed general permanent rules for FFS and CCOs in fall of 2020
  - Involved stakeholder advisory committee and public comment
- New permanent* rules effective January 2021
- Covered services on Oregon's "prioritized list"

Flexibilities during the Public Health Emergency declaration	Permanent* policies
Enabling providers to deliver telehealth services from their own home and to patients in their own homes	Continue
Covering telehealth service delivery to new patients (as opposed to only when there is an existing provider-patient relationship)	Continue
Payment Parity - using the same payments rates for telehealth visits as with in-person visits	Continue, requires modifiers to distinguish video from audio-only services

*Likely to have future regulatory updates as data improves and federal and state policy settles

Oregon Health Authority

THE FUTURE OF TELEHEALTH IN OREGON

Three principles for moving forward with telehealth

1. Center equity
2. Better understand what is working... and what isn't
3. Coordinate and align within and across payers

Oregon
Health
Authority

Center equity: Access to interpreters

In Oregon:

More than 1 in 7 speaks a non-English language

Nearly 1 in 20 has a hearing disability and needs sign language interpretation

Source: 2018 American Community Survey

Goal: Ensure access to certified and qualified interpreters for telehealth visits
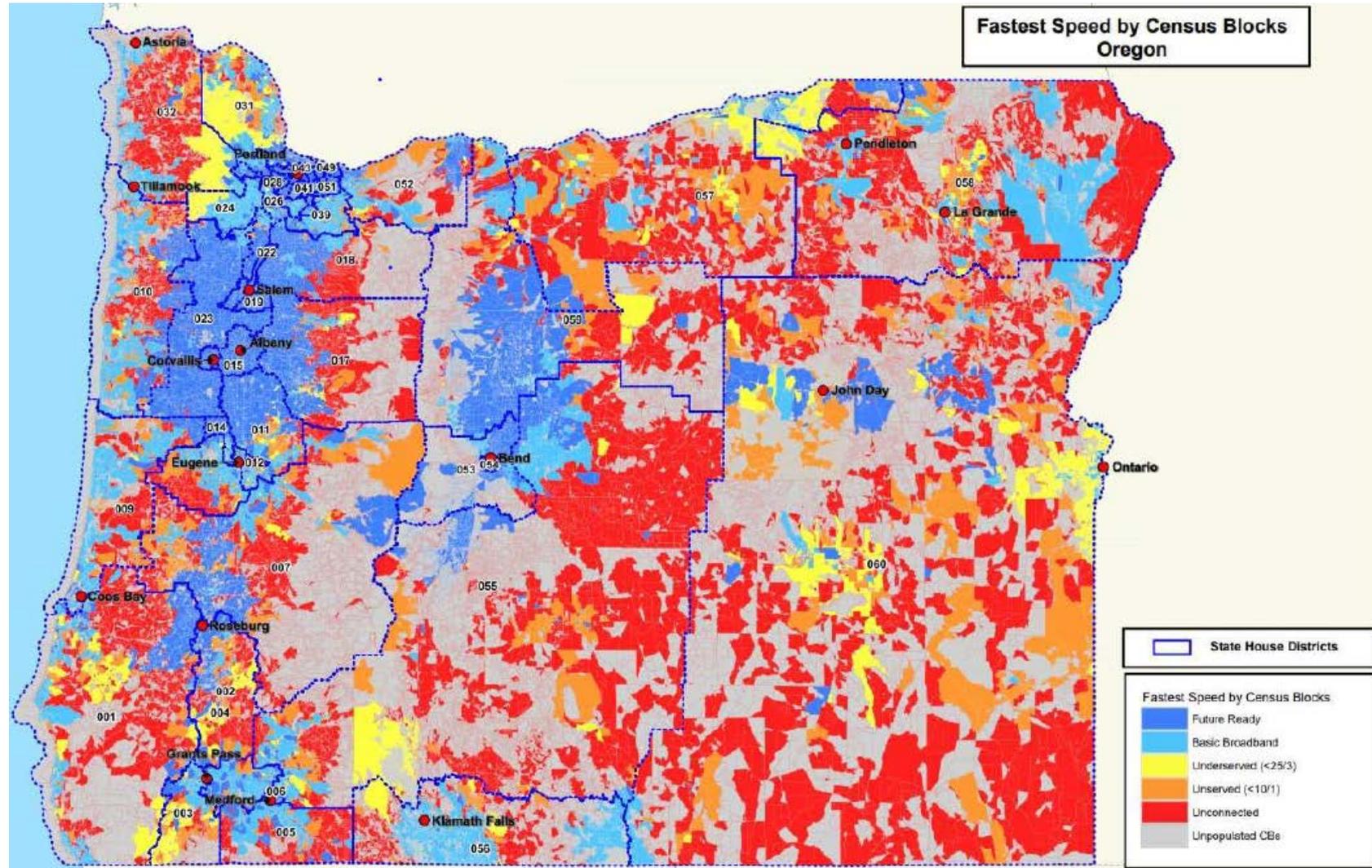
What we heard:
- Some members struggled to find a qualified interpreter for telehealth
- Interpreter payments down during the pandemic, threatening the workforce

What we did:
- CCOs and providers must reimburse interpreters at the same rate for services as if provided in person
- Required meaningful access to qualified and certified interpreters, including for patient consent
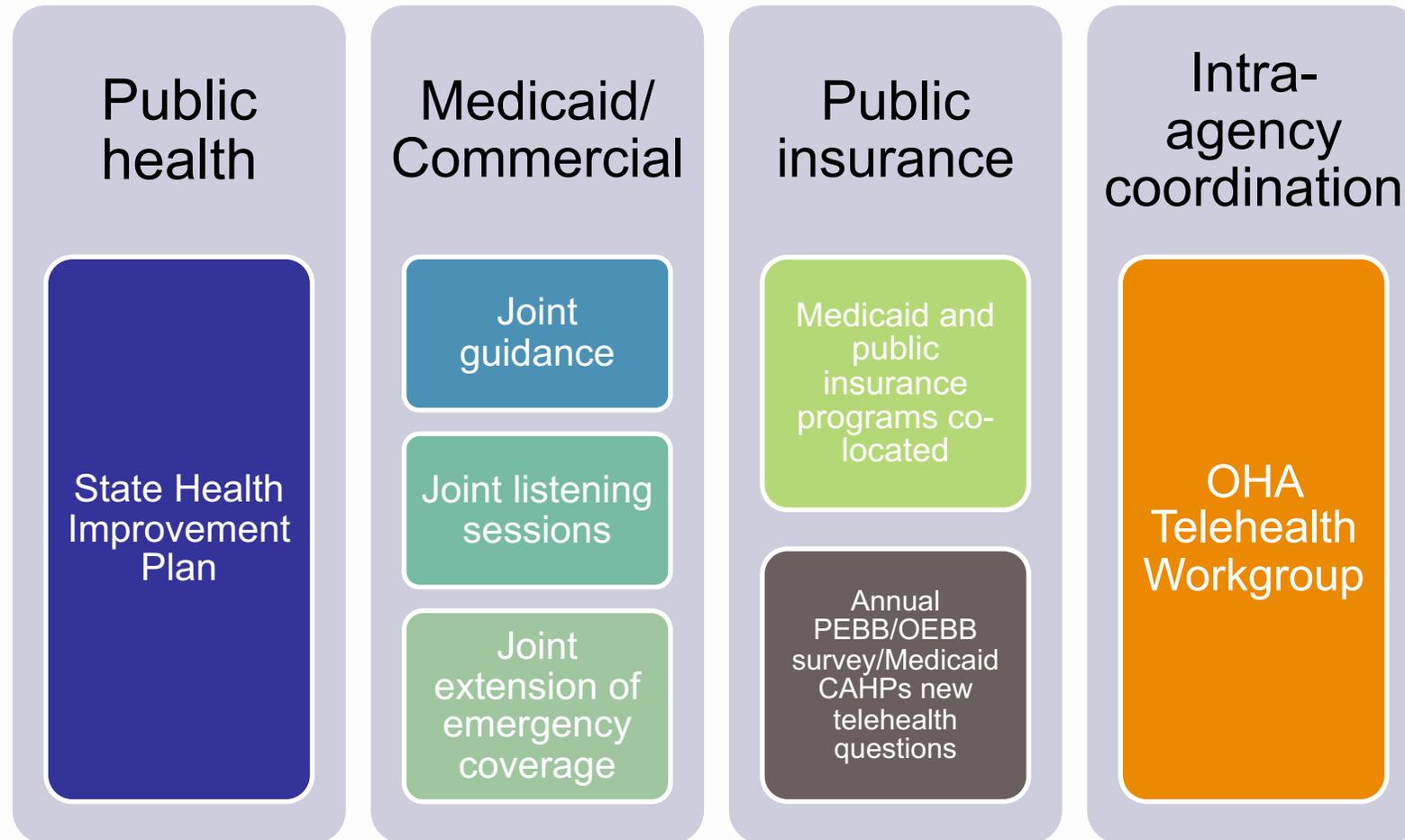- New CCO incentive metric focused on meaningful language access

Center equity: Access to broadband

Fastest Speed by Census Blocks
Oregon

State House Districts

Fastest Speed by Census Blocks
- Future Ready
- Basic Broadband
- Underserved (<25/3)
- Unserved (<10/1)
- Unconnected
- Unpopulated CBs

Better understand what is working...and what isn't

- **Closely monitor the data we have**

- **Continue engaging community partners and members**

- **Expand our understanding with new data**
  - New telehealth questions in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and the Oregon Health Insurance Survey (OHIS)
  - New telehealth questions in provider workforce surveys, including traditional health workers and health care interpreters
  - Evaluate aspects of telehealth with the Multi-State Collaborative states: California, Colorado, Nevada, and Washington

Coordinate and align within and across payers

Public health
- State Health Improvement Plan

Medicaid/Commercial
- Joint guidance
- Joint listening sessions
- Joint extension of emergency coverage

Public insurance
- Medicaid and public insurance programs co-located
- Annual PEBB/OEBB survey/Medicaid CAHPs new telehealth questions

Intra-agency coordination
- OHA Telehealth Workgroup

Resources

- FFS telehealth rule OAR 410-120-1990; CCO telehealth rule OAR 410-141-3566
- Health Evidence Review Commission (HERC) Current Prioritized List (updated Oct 2020)
- Oregon Medicaid COVID-19 Provider Guide
- Public Health Recommendations for Community Behavioral Health Services (OHA provider resource)

Thank You!

Questions for Oregon?

Please submit questions using the Q&A function.

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Panel Q&A

Please submit questions using the Q&A function.

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Click here to access CCHP's resources page for this webinar.

https://www.cchpca.org/resources/search-telehealth-resources

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AHCCCS — Arizona Health Care Cost Containment System

COLORADO Department of Health Care Policy & Financing | HCPF

Oregon Health Authority

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