



Center for Connected Health Policy

TELEHEALTH & MEDICAID: A POLICY WEBINAR SERIES

Medicaid Telehealth Policy & Audio-Only
September 17, 2021



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.

Disclaimers & Friendly Reminders



- Any information provided in today's webinar is not to be regarded as legal advice. Today's talk is purely for informational and educational purposes.
- Always consult with your organization's legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
- Today's webinar will be recorded and slides presented here will be made publicly available as resources at cchpca.org.
- Closed captioning is available.
- Please refrain from political statements or advertising commercial products or services during this webinar.

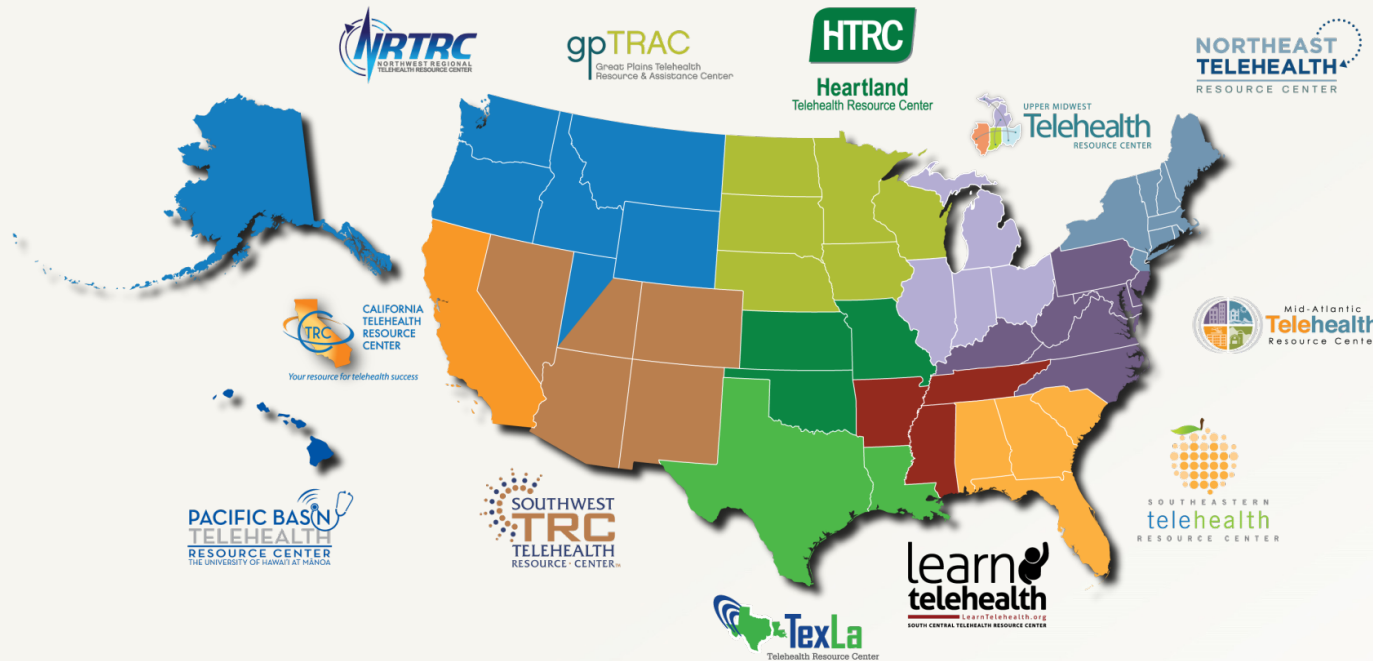
ABOUT CCHP

- Established in 2009 as a 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 on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

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

12 Regional Resource Centers

Telehealth & Medicaid: A Policy Webinar Series



September 24, 2021: Data, Evaluations & Stakeholders

October 1, 2021: Telehealth & Patients With Disabilities

October 8, 2021: Permanent Policies

Image source: American Psychological Association

This webinar series was made possible by grant number GA5RH37470 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, U.S. Department of Health & Human Services.

Today's Webinar



Nissa James, PhD,
Health Care Director
Department of Vermont Health Access



Sara Salek, MD
Chief Medical Officer
Arizona Health Care Cost Containment System



Mary C Shelton
Director, Behavioral Health Operations
Division of TennCare

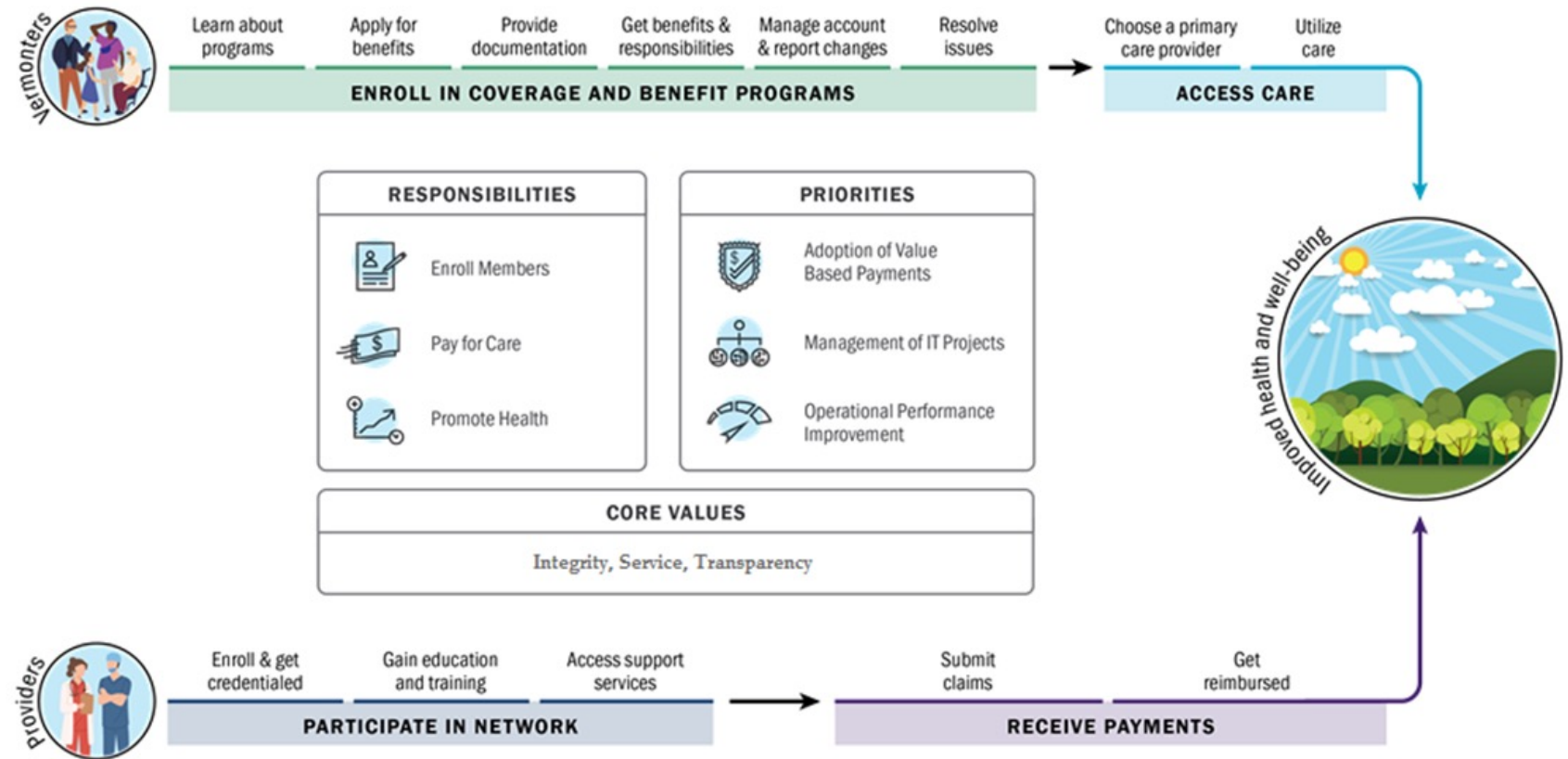
Vermont Medicaid: Health Care Service Delivery through the Audio-Only Modality During the COVID-19 Public Health Emergency

**Nissa L. James, Ph.D., Health Care Director
Department of Vermont Health Access
September 17, 2021**

Mission of the Department of Vermont Health Access: Improve the Health and Well-Being of Vermonters by Providing Access to Quality Health Care Cost-Effectively

2

The Department of Vermont Health Access is responsible for administering Vermont's publicly-funded health insurance program known as Vermont Medicaid and Vermont's health insurance marketplace.



Developing a Temporary Policy for Health Care Service Delivery through Audio-Only in Response to the COVID-19 Public Health Emergency

3

- Consulted with our partners to understand what providers would need to deliver care during the Emergency.
- Convened a multi-disciplinary team to assess clinical appropriateness, access to care, quality of care, and patient safety concerns in the context of the circumstances of a public health emergency.

Immediate

- Created an initial list of health care services approved for audio-only delivery during the public health emergency when medically necessary and clinically appropriate.

- Commenced system modifications for certain procedure and revenue codes to be submitted with a specific modifier (V3) to identify audio-only delivery

- Held a live webinar for providers to describe the new, temporary policy and answer questions.
- Developed a Frequently Asked Questions document that was publicly posted along with guidance on the temporary audio-only policy and reference charts of approved procedure/revenue codes.

March 20, 2020

Summary of Vermont Medicaid's Temporary Policy for Health Care Service Delivery through Audio-Only in Response to the COVID-19 Public Health Emergency

4

1. Vermont Medicaid-participating providers were encouraged to continue to use telemedicine (i.e., 2-way, real-time audio and video interactive communication) to care for their Vermont Medicaid members during the federal COVID-19 public health emergency and State of Emergency in Vermont.
2. As telemedicine may not be possible for Medicaid providers to reach all of their Medicaid members requiring care during the Emergency, Vermont Medicaid implemented several changes to support Medicaid-participating providers in responding effectively to the Emergency and to assure access to care, effective for March 23, 2020:
 - Providing coverage and reimbursement for 3 'triage' codes – G0071, G2012, and G2010.
 - Providing reimbursement for medically necessary, clinically appropriate services delivered by audio-only at the same rate as currently established for Medicaid-covered services delivered through telemedicine/face-to-face as long as the claim was submitted to Vermont Medicaid with a V3 modifier and a place of service of "99 - other" to indicate the service was delivered through audio-only.

EXAMPLE:

In this emergency situation, Vermont Medicaid would expect to see claims submitted for medically necessary and clinically appropriate services provided by Vermont Medicaid-participating providers with claims indicating service codes of 99202-99205 [new patient office visits], 99211-99215 [established patient office visits], 90791-90792 [psychiatric diagnostic evaluation], 90832-90840 [psychotherapy], 90846-90847 [family psychotherapy], and 90863 [pharmacologic management] with the new V3 modifier and a place of service code of 99-other.

Vermont Medicaid Data for Telemedicine, Audio-Only, and Brief Communication Technology-Based Services

Month*,**	Telemedicine ¹	Audio-Only ²	Brief Communication ³
March of 2020	19,080	4,847	322
April of 2020	58,177	15,860	637
May of 2020	53,461	11,642	403
June of 2020	45,703	9,911	446
July of 2020	41,769	8,851	361
August of 2020	37,611	7,148	339
September of 2020	40,581	7,348	301

By contrast, from January 2019 to February 2020, the highest total number of telemedicine services per month was just over 1,700 per month (January of 2020).**

*Based on claims submitted for dates of service through August of 2021. **Service counts change as more claims are submitted, claims are adjusted, etc.

¹ Two-way, real-time, audio and video (visual) interactive communication.

² Audio-only is also referred to telephonic; temporary coverage and reimbursement parity for medically necessary and clinically appropriate specific services furnished by audio-only became effective for dates of service on/after March 13, 2020.

³ Brief communication technology-based services, commonly referred to as the ‘triage codes,’ include G0071, G2012 (‘virtual check-in’), & G2010 (‘remote evaluation of recorded video/images’, i.e., patient to provider store and forward).

Vermont Medicaid Data for Telemedicine, Audio-Only, and Brief Communication Technology-Based Services

Month*,**	Telemedicine ¹	Audio-Only ²	Brief Communication ³
March of 2021	54,658	8,320	512
April of 2021	46,493	6,882	429
May of 2021	41,020	5,364	295
June of 2021	37,719	4,972	221
July of 2021	27,971	3,717	160
August of 2021	22,783	3,362	145

By contrast, from January 2019 to February 2020, the highest total number of telemedicine services per month was just over 1,700 per month (January of 2020).**

*Based on claims submitted for dates of service through August of 2021. **Service counts change as more claims are submitted, claims are adjusted, etc.

¹ Two-way, real-time, audio and video (visual) interactive communication.

² Audio-only is also referred to telephonic; temporary coverage and reimbursement parity for medically necessary and clinically appropriate specific services furnished by audio-only became effective for dates of service on/after March 13, 2020.

³ Brief communication technology-based services, commonly referred to as the ‘triage codes,’ include G0071, G2012 (‘virtual check-in’), & G2010 (‘remote evaluation of recorded video/images’, i.e., patient to provider store and forward).

Planning for the Termination of the COVID-19 Public Health Emergency: Revising the Telehealth Rule to include Audio-Only

8

- Continued engagement with Medicaid members, Medicaid-participating providers, and our Medicaid and Exchange Advisory Committee to develop recommendations for audio-only coverage and reimbursement after the public health emergency ends.
- Reviewed the Medicare Program Calendar Year 2021 Payment Policies Under the Physician Fee Schedule, [Final Rule](#) published 12/28/2020; Effective January 1, 2021:

“Some commenters stated that if CMS continues payment for the audio-only E/M visits, these should continue to be paid at rates commensurate to the level 2-4 established patient office visits, consistent with how these services have been paid during the PHE for COVID-19. Other commenters disagreed, stating that outside the circumstances of the PHE for COVID-19, these services should not have the same payment rate as in-person services.”

CMS Response: “After the end of the PHE, there will be no separate payment for the audio-only E/M visit codes. At the conclusion of the PHE, we will assign a status of ‘bundled’ and post the RUC-recommended RVUs for these codes in accordance with our usual practice.”

Planning for the Termination of the COVID-19 Public Health Emergency: Revising the Telehealth Rule to include Audio-Only

9

- [Act 6 of 2021](#): An act relating to extending health care regulatory flexibility during and after the COVID-19 pandemic and to coverage of health care services delivered by audio-only telephone.
 - **Health insurance plans** shall provide coverage for all medically necessary, clinically appropriate health care services delivered by audio-only to the same extent that the plan would cover the services if they were provided through in-person consultation.
 - **Health insurance plans** shall not require a health care provider to have an existing relationship with the patient in order to be reimbursed for health care services delivered by audio-only.
 - **Health care providers** delivering health care services by audio-only shall “include or document” in the patient’s medical record: patient’s informed consent and reason(s) the provider determined it was clinically appropriate to deliver the service by audio-only.
 - A patient must elect to receive the service by audio-only and health care providers shall not require a patient to receive health care services by audio-only if the patient does not wish to receive services that way.
- Reviewing the Medicare Program Calendar Year 2022 Payment Policies Under the Physician Fee Schedule [Proposed Rule](#), published 07/23/2021.
- Revising Vermont Medicaid’s health care administrative rule on telehealth to include audio-only.



Audio-Only Telehealth Coverage in Arizona Medicaid

Dr. Sara Salek
Chief Medical Officer, AHCCCS

AHCCCS At A Glance



Largest insurer in AZ, covering over 2 million individuals and families...



...more than 50% of all births in AZ...



...and two-thirds of nursing facility days.



AHCCCS uses federal, state and county funds to provide health care coverage to the state's Medicaid population.

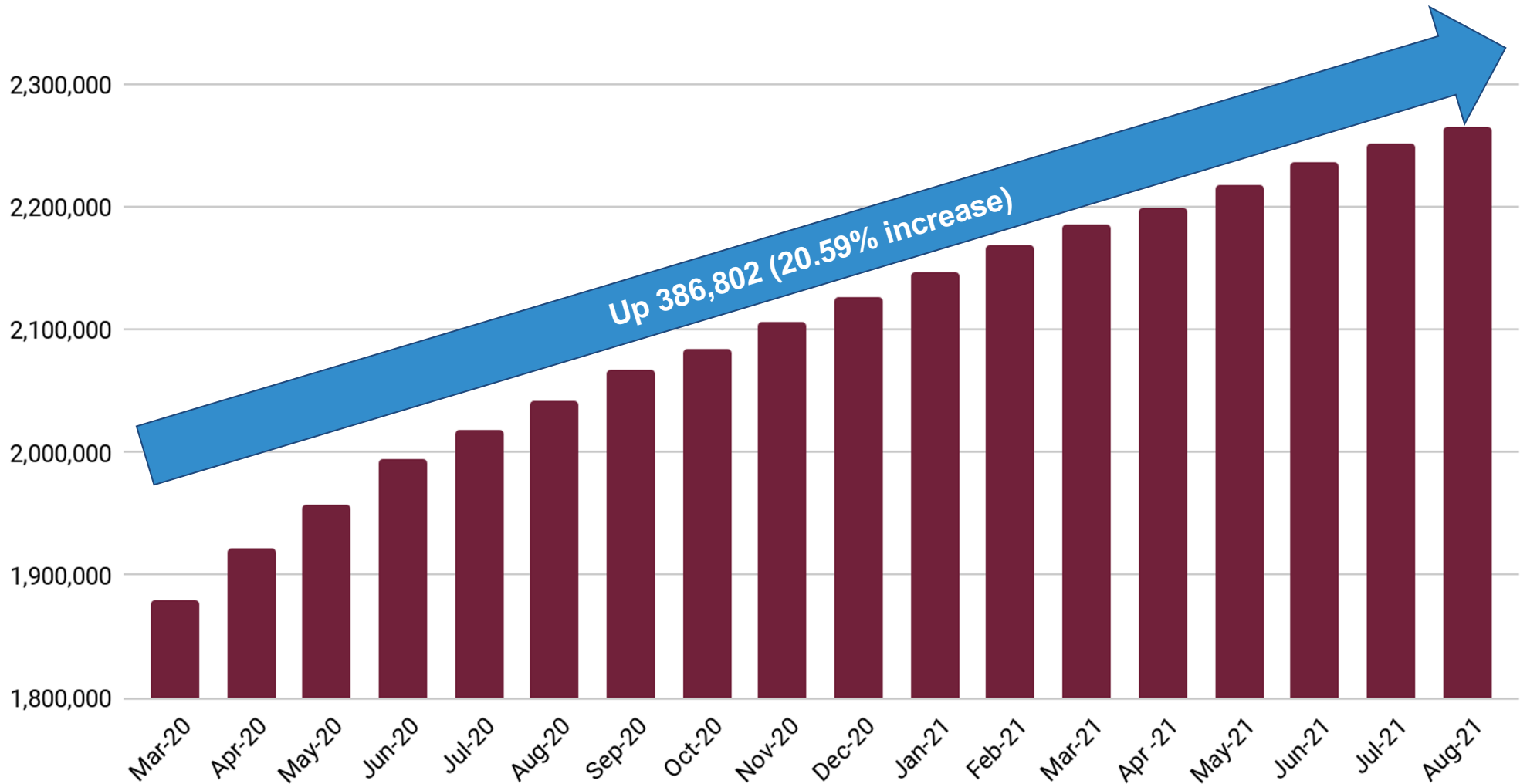


More than 106,566 health care providers are registered with AHCCCS.



Payments are made to 15 contracted health plans that are responsible for the delivery of care to members.

AHCCCS Enrollment: March 2020- August 2021



Arizona Medicaid Audio-Only Coverage: Pre-Pandemic

Arizona Medicaid Telehealth Coverage

Pre-Pandemic Telehealth Policy Changes (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

Audio-Only Coverage

- Total of 13 service codes available via audio-only
- Examples include telephone assessment and management services, telephone evaluation and management services, BH case management, ongoing support to maintain employment, and self-help/peer services
- POS 02 required

Arizona Medicaid Audio-Only Coverage: Intra-Pandemic

Arizona Medicaid Telehealth Coverage Intra-Pandemic (March 2020-Current)

- Held multiple provider/stakeholder forums
- Created temporary telephonic code set
- Managed Care Organizations (MCOs) required to:
 - Reimburse at the same rate for services provided in-person and services provided audio-only
 - Cover all contracted services via telehealth modalities, including audio-only

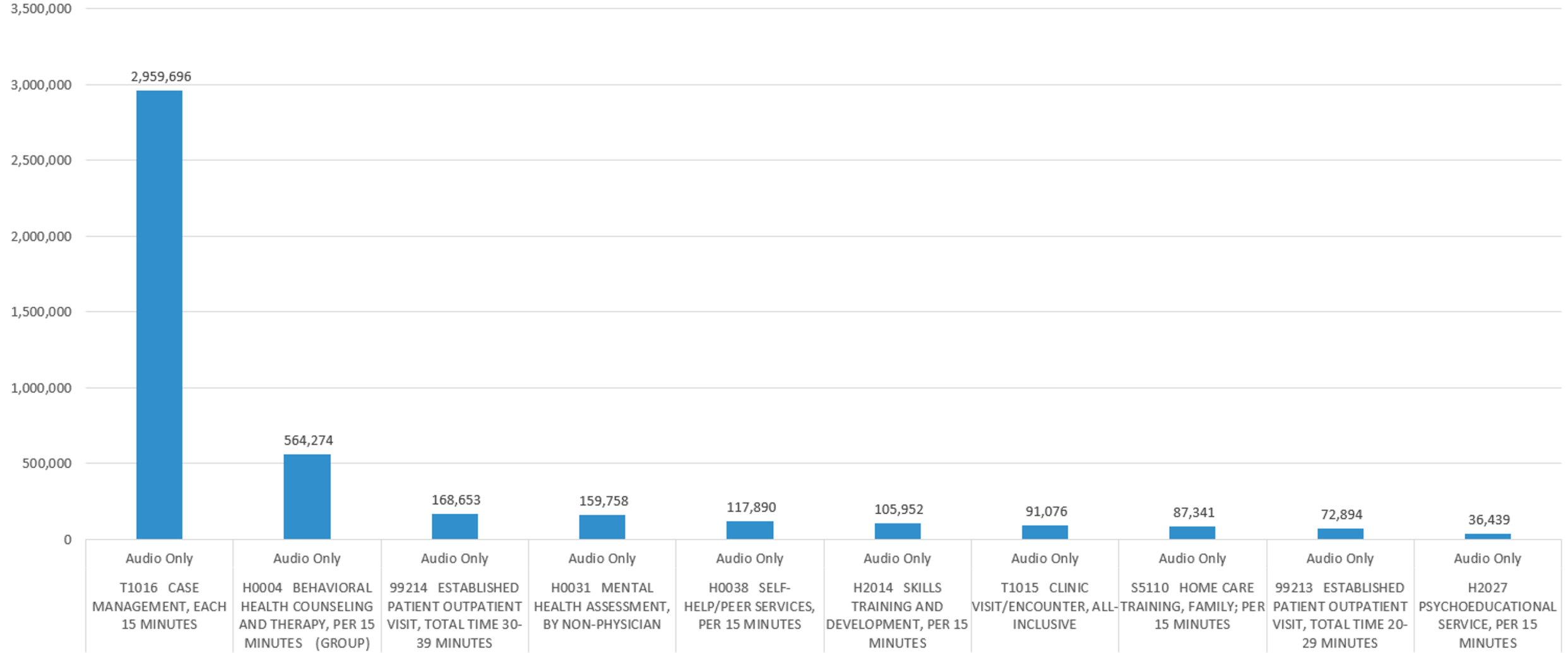
AHCCCS Telehealth Coverage Summary

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	YES
Telephonic	Audio	None	02-Telehealth	Telehealth Code Set	YES
Telephonic (Temporary)	Audio	UD	Originating Site ²	Telehealth Code Set	UNDER EVALUATION

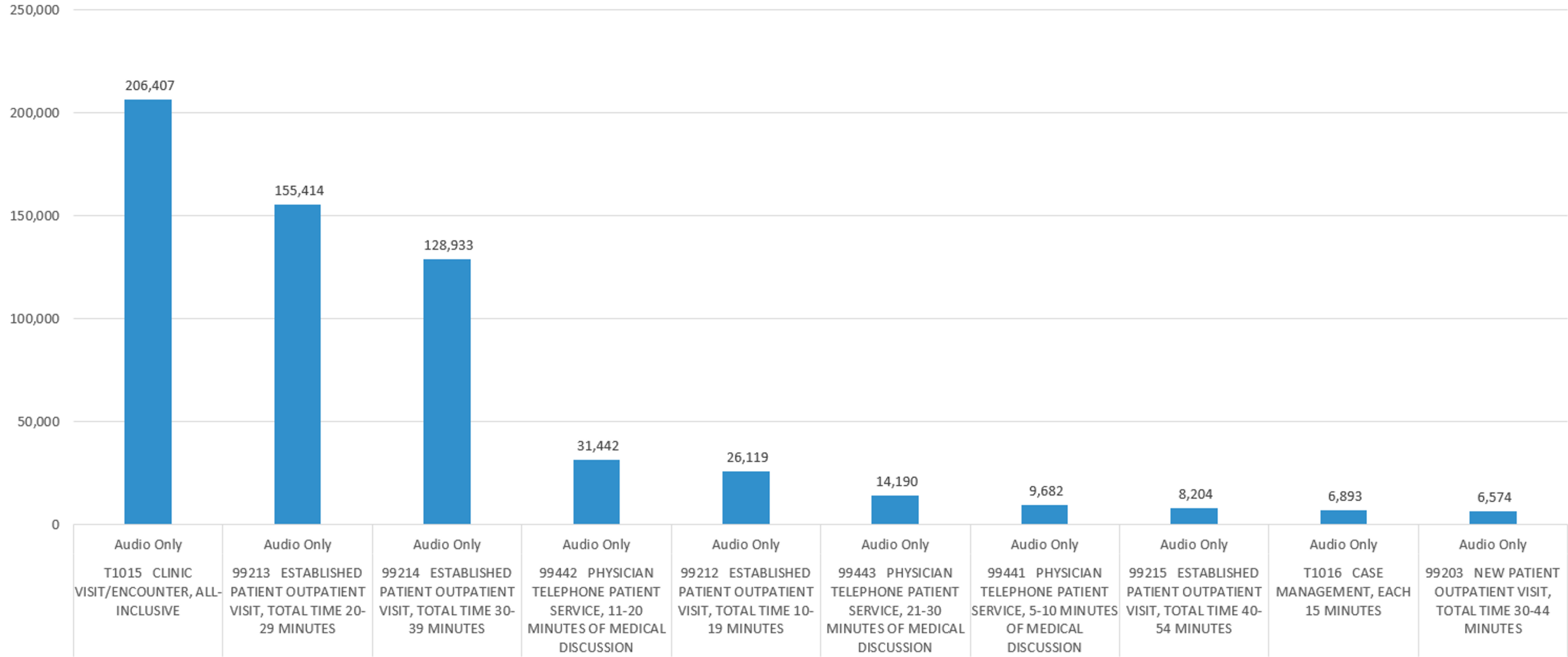
1 All other applicable modifiers apply

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

Telehealth Utilization - Most Common Behavioral Health Services Via Audio Only
 March 2020 - February 2021
 (Number of Unique Services Rendered, CRN Count)



Telehealth Utilization - Most Common Physical Health Services Via Audio Only
 March 2020 - February 2021
 (Number of Unique Services Rendered, CRN Count)



Arizona Medicaid Audio-Only Coverage: Post-Pandemic Planning

Arizona Medicaid Audio-Only Coverage: Post-Pandemic Planning Highlights

Evaluating and weighing the following variables:

- Member preference
- Clinical appropriateness of audio-only coverage
- HCPCS code description/availability
- Healthcare access for in-person care
- Broadband access for A/V healthcare delivery

Audio-Only Coverage: Clinical Pearls

- Information that can be obtained via audio-only includes:
 - Subjective information
 - Healthcare history
 - Primary presenting concerns
 - Objective information
 - Quality and quantity of speech
 - Thought process
 - Thought content

House Bill 2454

36-3607: Telehealth Advisory Committee

- Requires adoption of telehealth best practice guidelines
- Requires recommendations regarding the health care services that may be appropriately provided through an audio-only telehealth format
- Requires the Advisory Committee, before making its recommendations, to:
 1. Analyze medical literature and national practice guidelines;
 2. Consider the comparative effectiveness, safety and benefit to the patient of performing a service through an audio-only telehealth format instead of in person or through an audio-visual format; and
 3. Consider the appropriate frequency and duration of audio-only telehealth encounters.

House Bill 2454

Title 20 Insurance

Defines telehealth for the purposes of health care services coverage to include:

- a) the use of an audio-only telephone encounter between a subscriber **who has an existing relationship** with a health care provider or provider group if:
 - i. an audio-visual telehealth encounter is not reasonably available due to the subscriber's functional status, lack of technology or telecommunications infrastructure limits, as determined by the health care provider; and
 - ii. the telehealth encounter is initiated at the request of the subscriber or authorized by the subscriber before the telehealth encounter; and
- b) the use of an audio-only encounter between the subscriber and health care provider, **regardless of whether there is an existing relationship** between the health care provider or provider group, if the telehealth encounter is for a **behavioral health or substance use disorder service** and the outlined conditions apply.

House Bill 2454

Title 20 Insurance

- Requires reimbursement of health care providers at the **same level of payment** for equivalent in-person **behavioral health and substance use disorder services** if provided through telehealth using an **audio-only** format
- May apply only the **same limits or exclusions** on a health care service provided through telehealth that are applicable to an in-person encounter for the same service, except for procedures or services for which the weight of evidence, determines the service is not appropriate to be provided through telehealth based on practice guidelines, peer-reviewed clinical publications or research, or recommendations by the Advisory Committee.
- Requires a health care provider, to submit a claim for an audio-only, to make telehealth services generally available to patients through the interactive use of audio, video or other electronic media.
- Allows covered telehealth services to be provided regardless of where the subscriber is located or the type of site.

Arizona Telehealth Resources

- HB2454

<https://www.azleg.gov/legtext/55leg/1R/bills/HB2454S.pdf>

https://www.azleg.gov/legtext/55leg/1R/summary/S.2454FIN_ASPASSED_COW.pdf

- AHCCCS Telehealth Webpage

<https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>

- COVID Telehealth FAQs

<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>

- Telehealth Advisory Committee

<https://www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/telehealthadvisorycommittee.html>



CCHP Medicaid Webinar Audio-Only

Mary Shelton

Operations

Director, Behavioral Health

TennCare

TennCare is Tennessee's Medicaid program, which provides health insurance coverage to around 1.5 million low-income Tennesseans, including 20% of the state's adult population and 50% of the state's children*



Children
(714,500)



Individuals with disabilities
(213,500)



Older adults
(41,100)



Caretaker relatives of young children
(270,900)



Pregnant women
(60,000)

TennCare is 100% managed care with 3 statewide Managed Care Organizations (MCOs):



- Our experience has shown that managed care allows for better coordinated, more efficient, and higher quality care
- It also reduces avoidable emergency room visits and hospital stays

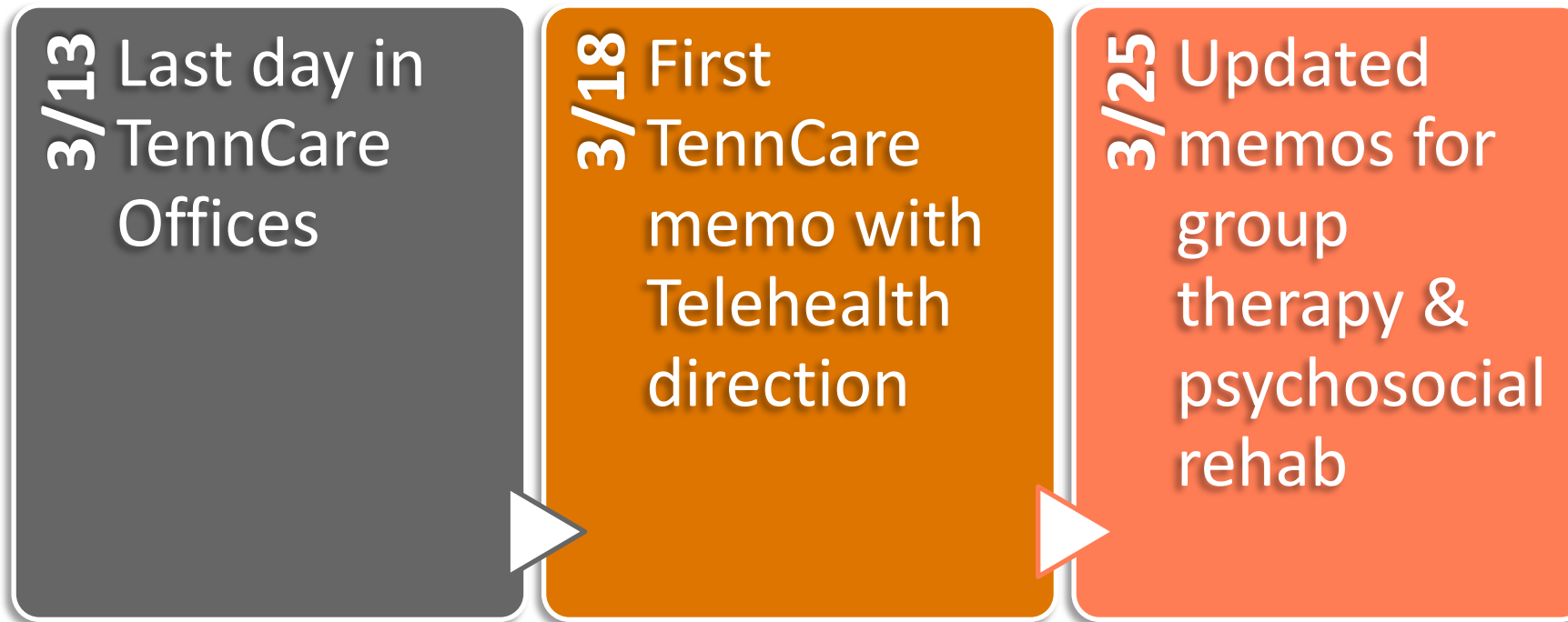
TennCare Mission:

Improving lives through
high-quality, cost-
effective care

TennCare Vision:

A healthier Tennessee

TennCare Telehealth Timeline in Response to COVID



Statewide Partnerships Assisted with Quick Pivot to Telebehavioral Health



Partnerships developed over years of collaboration

- **State Depts:** have personal contacts at Executive level
- **MCOs:** contracted since 2007/2008 and designed and implemented many initiatives together
- **Providers:** meet with various agencies throughout each week and discuss members and programs

Decision Process for Allowing Audio-Only Treatment

What was considered:

- Understanding the availability and limitations of data and screens for our members
- Coming to terms that fidelity to the treatment models may be compromised, at least in the beginning
- Needing the behavioral health providers to keep connected to the members

Decision Process for Allowing Audio-Only Treatment

- Initially, not all decision makers agreed with audio-only allowance
- We were delayed in allowing for group therapy for about a week
- Eventually allowed outpatient behavioral health services to be rendered via audio-only



MEMO

To: TennCare Providers
From: Victor Wu, Chief Medical Officer
Mary Shelton, Director, Behavioral Health Operations
Date: March 18, 2020
Re: **Behavioral Health Telehealth Services for TennCare Enro**

Dear TennCare Behavioral Health Providers,

Thank you for all that you are doing to provide care to our TennCare epidemic. TennCare and our health plans, Amerigroup, BlueCare Ten Plan, are fully committed to supporting our members to continue re accustomed. We are also committed to supporting our front-line pro TennCare and our health plans are meeting frequently to identify pro opportunities that will help serve the needs of our members and pro



MEMO

To: TennCare Providers
From: Victor Wu, Chief Medical Officer
Mary Shelton, Director, Behavioral Health Operations
Date: March 25, 2020
Re: **Behavioral Health Psychosocial Rehabilitation Telehealth Services for TennCare Enrollees - Novel COVID-19**

Dear TennCare Behavioral Health Providers,

This is an update to the March 18, 2020 Behavioral Health Telehealth Service Memo to offer guidance



To: TennCare Providers
From: Victor Wu, Chief Medical Officer
Mary Shelton, Director, Behavioral Health Operations
Date: March 25, 2020
Re: **Behavioral Health Group Therapy Telehealth Service**

Dear TennCare Behavioral Health Providers,

This is an update to the March 18, 2020 Behavioral Health on Group Therapy services.

Providers and members are encouraged to use video-enabled appropriate to maintain behavioral health treatment during th who do not have access to the technology required to conduct accept telephonic sessions in a member's home when that me use standard CPT/HCPCS and a Place of Service of 02 for both



MEMO

To: TennCare Providers
From: Victor Wu, Chief Medical Officer
Mary Shelton, Director, Behavioral Health Operations
Date: March 25, 2020
Re: **UPDATED Behavioral Health Telehealth Services for TennCare Enrollees - Novel COVID-19**
This memo replaces the original memo dated March 18, 2020

Dear TennCare Behavioral Health Providers,

Thank you for all that you are doing to provide care to our TennCare members during the novel COVID-19 epidemic. TennCare and our health plans, Amerigroup, BlueCare Tennessee, UnitedHealthcare Community Plan, are fully committed to supporting our members to continue receiving the high-quality care they are accustomed. We are also committed to supporting our front-line providers delivering this essential care. TennCare and our health plans are meeting frequently to identify proactive solutions and to respond to opportunities that will help serve the needs of our members and providers as the COVID-19 situation continues to evolve. All of us are consistently evaluating and implementing TDH and CDC clinical treatment recommendations and guidelines around limiting the spread of disease.

To that end, our health plans are all committed to assisting providers in offering telehealth and telephonic services to TennCare members during this time. TennCare has worked with each of our health plans to

Guidance from 3/18/20 Memo

Behavioral Health Guidance:

- Providers and members are encouraged to use video-enabled virtual visits or telephonic care when appropriate to maintain behavioral health treatment during the COVID outbreak. For members or providers who do not have access to the technology required to conduct a video-enabled virtual session, **we will now accept telephonic sessions in a member's home when that member has concerns about COVID-19.** Please use standard CPT/HCPCS and a Place of Service of 02 for both virtual visits and telephonic sessions to indicate the visit was conducted remotely. **Documentation should identify the use of telehealth or telephonic sessions and the treatment format and include supporting documentation to reflect active treatment. Per standard practice, documentation is subject to review for medical necessity and appropriateness of care.**
- For those services that are usually 2 or more hours long, consider billing the individual components of treatment in lieu per diem rates (i.e. IOP, PHP, PSR). Telehealth options that would permit actual visual connection with the member is preferred. For those services that are rendered via group sessions, please schedule these as individual sessions with the members to ensure privacy.

Legislation Allowing Audio-Only



State of Tennessee

PUBLIC CHAPTER NO. 191

SENATE BILL NO. 429

By Gardenhire, Walley, Yager

Substituted for: House Bill No. 620

By Rudder, Sparks, Helton, Ramsey, White, Howell, Smith, Powers, Hazlewood, Curcio, Terry, Cepicky

AN ACT to amend Tennessee Code Annotated, Title 56, Chapter 7, relative to telehealth.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 56-7-1003(a)(6), is amended by adding the following as a new subdivision:

(C) Notwithstanding subdivisions (a)(6)(A) and (B), includes Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 1320d et seq.) compliant audio-only conversation for the provision of behavioral health services when the means described in subdivision (a)(6)(A) are unavailable;

In 2020, during a special summer legislative session, HIPAA complaint audio-only services were approved when no other options are available.

This is now in Tennessee State Law

TennCare Program Description for Audio-Only



TennCare and its 3
contracted MCOs
developed a
Program
Description based
on the 2020
memos for audio-
only telehealth.

Audio-only (Telephonic) Telehealth Behavioral Health Services Program Description

For behavioral health providers contracted with TennCare Managed Care Organizations
August 2021

When the COVID-19 pandemic began, TennCare made allowances through various memos for Behavioral Telehealth Services for TennCare Enrollees during the COVID-19 pandemic. On April 22, 2021, Public Chapter 191 was signed, which amended Tennessee Code Annotated, Section 56-7-1003(a)(6) and allows audio-only conversation for the provision of behavioral health services.

To comply with the new state law, the audio-only service:

- must be HIPAA compliant just like any other form of telemedicine under state law; and
- should only be used when other means of telemedicine are unavailable per state law.

Providers and members are encouraged to use video-enabled virtual visits or audio-only care when appropriate to maintain behavioral health treatment during the COVID-19 outbreak.

The intent of this program description is to provide specific guidance as it relates to the delivery of the audio-only method of behavioral health telehealth services. Telehealth is defined as the use of electronic information and communication technologies to deliver health care to patients at a distance. Medicaid covered services provided via telehealth include assessment, diagnosis, consultation, treatment, education, care management, and/or self-management of a Medicaid member.

This program description was developed in collaboration with TennCare, Amerigroup, BlueCare Tennessee, and UnitedHealthcare.

Behavioral Health Audio-Only Guidance:

- The provider is to take extra steps at the beginning of the telehealth session to confirm the patient's identity, review confidentiality and privacy concerns.

Billing and Documentation for Audio-only

- TennCare is currently requiring Place of Service Code 02 for audio-only behavioral health services
- We are waiting for new audio-only modifiers to be released for behavioral health services and plan to require those
- Providers must document in the medical record if the service was rendered via telehealth (audio-only or video/audio)



Mary Shelton
mary.c.shelton@tn.gov
tn.gov/tenncare

Panel Q&A

Please submit questions using the Q&A function.

Thank You!



Nissa James, PhD,
Health Care Director
Department of Vermont Health Access

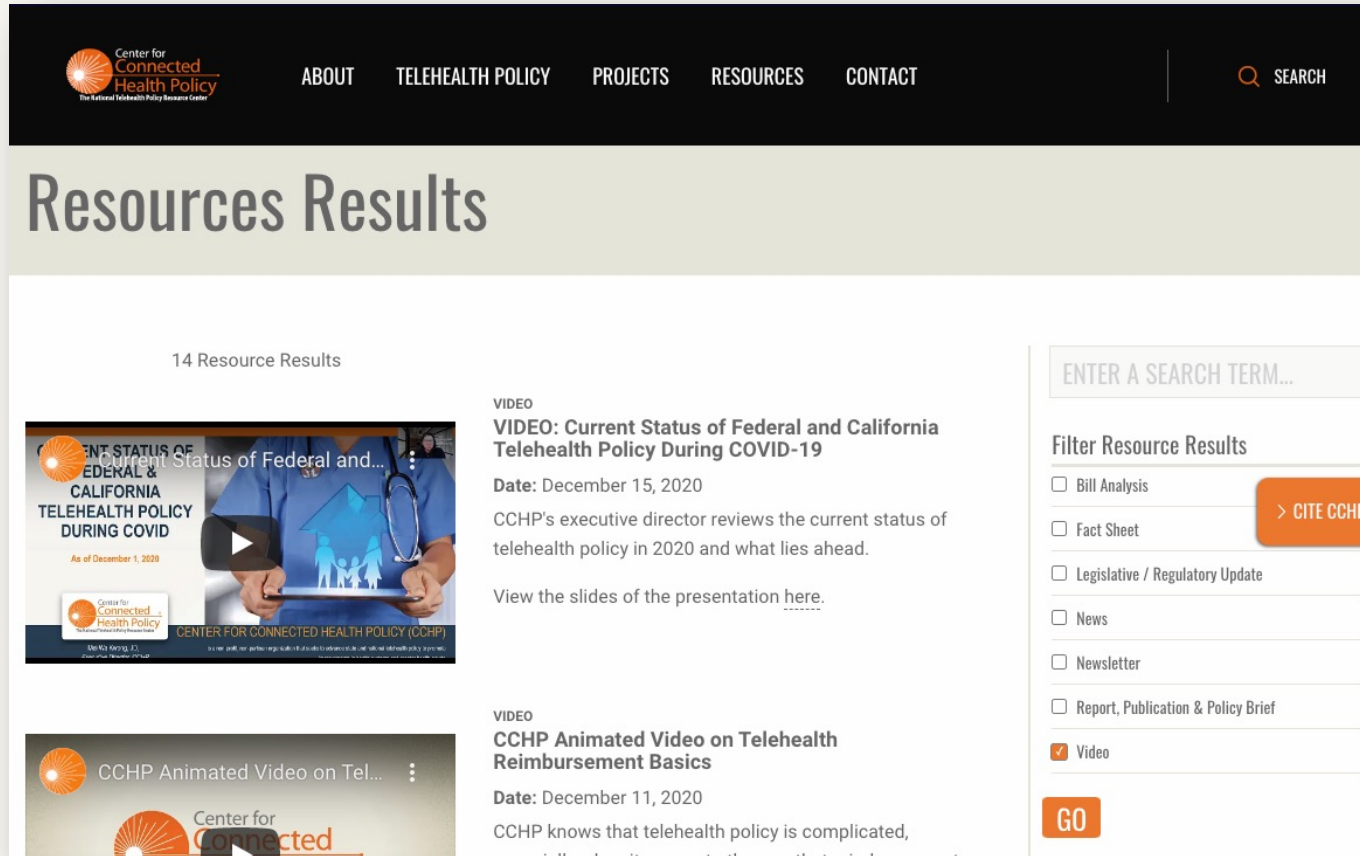


Sara Salek, MD
Chief Medical Officer
Arizona Health Care Cost Containment System



Mary C Shelton
Director, Behavioral Health Operations
Division of TennCare

Webinar Recordings and Resources



The screenshot shows the 'Resources Results' page of the Center for Connected Health Policy (CCHP) website. The page has a dark header with the CCHP logo and navigation links: ABOUT, TELEHEALTH POLICY, PROJECTS, RESOURCES, and CONTACT. A search bar is located on the right side of the header. Below the header, the main content area is titled 'Resources Results' and shows '14 Resource Results'. The first result is a video titled 'VIDEO: Current Status of Federal and California Telehealth Policy During COVID-19', dated December 15, 2020. The video thumbnail shows a person in a blue lab coat holding a tablet with a house icon. The description states: 'CCHP's executive director reviews the current status of telehealth policy in 2020 and what lies ahead. View the slides of the presentation here.' The second result is a video titled 'CCHP Animated Video on Telehealth Reimbursement Basics', dated December 11, 2020. The description states: 'CCHP knows that telehealth policy is complicated, especially when it comes to the way that reimbursement...'. On the right side of the page, there is a search bar labeled 'ENTER A SEARCH TERM...' and a 'Filter Resource Results' section. The filter section includes checkboxes for 'Bill Analysis', 'Fact Sheet', 'Legislative / Regulatory Update', 'News', 'Newsletter', 'Report, Publication & Policy Brief', and 'Video' (which is checked). There is a 'GO' button and a '> CITE CCHP' button.

Subscribe to CCHP's email listserv or stay tuned to CCHP's resources page for recordings of this webinar and presentation slide decks!



Tracy Johnson, PhD

Medicaid Director

Colorado Department of Health Care Policy & Financing

Other Speakers to be Announced

EVALUATION FORM

Please don't forget to fill out your evaluation form!

Thank you and have a great day!