Patient Engagement & Education During the Public Health Emergency (PHE)

January 29, 2021
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- Today’s webinar will be recorded and slides presented here will be made publicly available as resources at cchpca.org.
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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
Telehealth & Medicaid: A Policy Webinar Series

February 5, 2021: What’s Next? A Roadmap for Medicaid Telehealth Policy Beyond the Pandemic

Follow the discussion!
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#MedicaidTelehealthCCHP

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.

Image source: American Psychological Association
Today’s Webinar

Presentation #1: Increasing Access to Telehealth During the COVID-19 Pandemic
Michelle Probert, MPP, Director, MaineCare, Maine DHHS
Sarah Grant, Director of Communications, MaineCare, Maine DHHS

Presentation #2: Telehealth COVID Update
Traylor Rains, JD, Deputy State Medicaid Director, Oklahoma Health Care Authority

Presentation #3: Transforming Medicaid Telehealth Policy During COVID-19
Chethan Bachireddy, MD, MSC, Chief Medical Officer, Virginia Department of Medical Assistance Services (Medicaid)
The Office of MaineCare Services

Increasing Access to Telehealth
During the COVID-19 Pandemic
January 29, 2021
MaineCare’s Telehealth Coverage

In response to COVID-19 MaineCare made several policy changes that enhanced its already robust telehealth coverage policy

<table>
<thead>
<tr>
<th>Telehealth Feature</th>
<th>Pre-PHE</th>
<th>PHE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Parity</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Beneficiary Home Permitted</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>All Providers within Scope of License</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>All Services that can be Effectively Delivered</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>FQHC/RHC Encounter Billing</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Out-of-State Providers Allowed</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Audio-Only Permitted</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Remote Patient Monitoring</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Sec 80 Pharmacy Services delivery via telehealth (including SUD services)</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Coverage of Telephone E/M services</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Addition of FQHC code G0071 for 5-minute check-in</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Addition of codes so dental practices can bill for triage and screening services conducted via telehealth</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Store and Forward</td>
<td>✔️</td>
<td>✔️</td>
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Increasing Telehealth Awareness

Many providers were not aware of MaineCare’s comprehensive telehealth policy. Provider outreach and education was a high priority early in the public health emergency.

- Detailed guidance and information available online.
- Leveraging stakeholders such as the MaineCare Advisory Committee and the New England Telehealth Resource Center.
- Weekly Town Hall meetings hosted by the Offices of Behavioral Health and Child and Family Services.

MaineCare’s COVID-19 Website

- Telehealth Guidance for HCBS Providers - May 28, 2020
- CMS Guidance on Telehealth (PDF)
- FCC Guidance on COVID-19 Application Process (PDF) - April 17, 2020
- MaineCare Telehealth: New Codes and Information (PDF) - Updated April 16, 2020
- MaineCare Telehealth: COVID-19 Guidance (PDF) - Updated April 16, 2020
- NETRC Telehealth Implementation Toolkit - Maine Edition - April 9, 2020
- NETRC’s Provider’s Guide (PDF) - Updated April 9, 2020
- CMS Telehealth Video - April 3, 2020
- Telehealth Best Practices for Providers - April 2, 2020
- Telehealth Townhall for Maine Healthcare Providers - March 26, 2020
  - Recording
  - Presentation Slide Deck (PDF)
  - NETRC Town Hall Q&A Summary (PDF)
Telehealth Data Highlights
Increased Access Through Telehealth:
- Telephone-Only Evaluation and Management services, including for dental care
- Well-Child visits
- Prescriptions, including MAT
At Peak During the Pandemic, 12% of MaineCare Members Used Telehealth
Maine led the country in children’s telehealth utilization

Preliminary data suggest that, among children, services delivered via telehealth per 1,000 beneficiary months from March through June 2020 varied across states.

Telehealth rates among children peaked in April for nearly all states and began to fall in May.

Across states in April 2020, Maine had the highest monthly rate at 402 services per 1,000 child beneficiaries, and Vermont had the lowest monthly rate at 23 services per 1,000 child beneficiaries.

Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.

Notes: These data are preliminary. Data are sourced from the T-MOSAic Analytic Files in AREXMAC, using final action claims. They are based on August T-MOSAic submissions with services through the end of July. Recent claims dates of service have very little time for claims turn around and we expect large changes in the results after each monthly update. Recursive data for July are mostly incomplete, results are only presented through June. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states.

Maine Department of Health and Human Services
MaineCare Members Ages 65+ Were 1/6th as Likely as Other Members to Use Telehealth
Telehealth Enabled Utilization of Medication Management Services to Remain Constant.
Multiracial and White Members have had the Highest Rates of Telehealth Use
Members with English as Their Primary Language Over 50% More Likely to Use Telehealth

![Graph showing comparison between English and Non-English members using telehealth services from March 1, 2020, to November 1, 2020. The graph indicates that members with English as their primary language are significantly more likely to use telehealth services compared to non-English-speaking members.]
Telehealth Outreach Campaign
Member Outreach: Telehealth Website

Website visits since June:
- 22,750 total page views
- 15,585 unique page views
- Telehealth FAQ PDF downloaded 114 times

Website traffic from:
- Direct link: 19,734
- Google: 1,194
- Facebook: 341
You may be able to receive your health care through telehealth.

Check with your provider today—you may be able to see them from the comfort of your own home.

WHAT is telehealth?
Telehealth is the use of technology for health care appointments and services. It allows you to "see" your health care provider without having to go to their office. This can be done using your computer, tablet, or by phone. Visits are covered by MaineCare, Medicare, and most insurance companies.

WHAT KIND OF APPOINTMENTS can I have using telehealth?
- Conversations with your doctor about your chronic health condition, diagnosis, and treatment of new illnesses, and other medical care.
- Mental health, substance use disorder treatment, and some developmental disability services.
- Routine child check-ups and developmental screenings.

HOW do I ask for a telehealth appointment?
1. Call your health care provider and ask if you can use telehealth for your appointment. This may also be an option for your children’s health care needs.
2. Your provider can explain the best way to use telehealth for your appointment.

QUESTIONS? Learn more at maine.gov/dhhs/telehealth
Paid Outreach

Online Display Ads

- No waiting room.
  - Ask if your provider offers telehealth.
  - Learn more

- Health from home.
  - Ask if your provider offers telehealth.
  - Learn more at maine.gov/dhhs/telehealth

Your health shouldn’t wait.

- Your physical and mental health are important.
  - Telehealth provides secure, private care.

Instagram “Stories”
Questions?

Michelle Probert
Director, Office of MaineCare Services
Michelle.probert@maine.gov

Sarah Grant
Director of Communications, Office of MaineCare Services
Sarah.grant@maine.gov

Please submit questions using the Q&A function.
OKLAHOMA’S EXPANSION OF TELEHEALTH DURING THE PUBLIC HEALTH EMERGENCY

Traylor Rains, Deputy State Medicaid Director

January 22, 2021
STEPS TAKEN TO INCREASE ACCESS DURING PUBLIC HEALTH EMERGENCY

• Once the Public Health Emergency (PHE) was declared, OHCA immediately opened up most medical and behavioral health codes for Telehealth. OHCA continues to extend the use of the Telehealth as the PHE is extended.

• OHCA received 1135 Waiver Authority to allow reimbursement through Telehealth outside of the 4 walls for Tribal 638 Clinics.

• OHCA took advantage of federal flexibilities allowing FQHCS to utilize telephonic services by waiving the “Face to Face” requirement.
# TELEHEALTH UTILIZATION – MARCH TO OCTOBER 2020 VS 2019

<table>
<thead>
<tr>
<th></th>
<th>March to October</th>
<th>2020</th>
<th>2019</th>
<th>Change</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members</td>
<td></td>
<td>167,022</td>
<td>10,464</td>
<td>156,558</td>
<td>1,496.2%</td>
</tr>
<tr>
<td>Total Claims</td>
<td></td>
<td>977,374</td>
<td>24,333</td>
<td>953,041</td>
<td>3,916.7%</td>
</tr>
<tr>
<td>Total Reimbursements</td>
<td>$</td>
<td>66,921,176</td>
<td>$1,961,778</td>
<td>$64,959,399</td>
<td>3,311.3%</td>
</tr>
<tr>
<td>Average Claims Per Member</td>
<td></td>
<td>5.9</td>
<td>2.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Reimbursement Per Member</td>
<td>$</td>
<td>401</td>
<td>$187</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Reimbursement Per Claim</td>
<td>$</td>
<td>68</td>
<td>$81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Telemedicine Providers</td>
<td></td>
<td>10,439</td>
<td>596</td>
<td>9,843</td>
<td>1651.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>October 2020 Total Enrollment</th>
<th>950,015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Served Telemedicine</td>
<td></td>
<td>17.6%</td>
</tr>
</tbody>
</table>
### TOP 10 PROCEDURE CODES USED

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Behavioral Health Counseling And Therapy (Alcohol/Drug), 15 Minutes</td>
<td>493,889</td>
<td>Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes</td>
<td>9,446</td>
</tr>
<tr>
<td>Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes</td>
<td>87,409</td>
<td>Established Patient Office Or Other Outpatient Visit, Typically 25 Minutes</td>
<td>6,175</td>
</tr>
<tr>
<td>Established Patient Office Or Other Outpatient Visit, Typically 25 Minutes</td>
<td>73,539</td>
<td>Behavioral Health Counseling And Therapy (Alcohol/Drug), 15 Minutes</td>
<td>2,849</td>
</tr>
<tr>
<td>Treatment Of Speech, Language, Voice, Communication, And/Or Hearing Processing Disorder</td>
<td>53,578</td>
<td>New Patient Office Or Other Outpatient Visit, Typically 45 Minutes</td>
<td>1,055</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation Services, 15 Minutes</td>
<td>48,595</td>
<td>New Patient Office Or Other Outpatient Visit, Typically 30 Minutes</td>
<td>1,050</td>
</tr>
<tr>
<td>Therapeutic Activities (One-On-One) To Improve Function, 15 Minutes</td>
<td>30,005</td>
<td>Telehealth Originating Site Facility Fee</td>
<td>676</td>
</tr>
<tr>
<td>Physician Telephone Patient Service, 11-20 Minutes</td>
<td>16,983</td>
<td>Established Patient Office Or Other Outpatient Visit, Typically 10 Minutes</td>
<td>640</td>
</tr>
</tbody>
</table>

Telephonic services Provided March – October 2020

<table>
<thead>
<tr>
<th>Members Served</th>
<th>Number of Claims</th>
<th>Billing Providers</th>
<th>Total Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>28,717</td>
<td>47,341</td>
<td>1,087</td>
<td>$1,720,712</td>
</tr>
</tbody>
</table>
WHAT’S NEXT?

• Provider education regarding use of HIPAA compliant platforms after Public Health Emergency ends.
• Evaluate need for continued use of telehealth after PHE.
• Member and Provider satisfaction surveys
Traylor Rains, Deputy State Medicaid Director
Traylor.Rains@okhca.org

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

okhca.org
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767
Questions for Oklahoma HCA?

Please submit questions using the Q&A function.
TRANSFORMING MEDICAID
TELEHEALTH POLICY DURING
COVID-19

January 29, 2021

CHETHAN BACHIREDDY, MD, MSC
CHIEF MEDICAL OFFICER
DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES
DMAS Telehealth Policy During COVID-19

- Home as an originating site
- Use of audio in addition to audio-visual modalities for Medicaid-covered services
- Payment parity with in-person visits
- Provider-provider consultation including eConsults
- Remote Patient Monitoring for suspected or confirmed COVID-19
Virginia Medicaid encourages providers to consider telehealth as an option to ensure access for our members. Telehealth offers many benefits to both providers and Medicaid members:

- Medicaid members can receive streamlined evaluations and care for COVID-19.
- Medicaid members can maintain care for chronic diseases and other routine health needs.
- Providers and patients can stay connected while social distancing rules are in place.
- Providers and patients stay safe and reduce the potential of exposure to COVID-19.

For more information, visit the COVID-19 page for providers on the DMAS website.
Telehealth Has Increased 15x During COVID-19

Providers have conducted over 900,000 telehealth visits to Medicaid members for a wide range of conditions. The top 3 services are related to outpatient E&M, psychotherapy, and speech language therapy.
Telemedicine Has Been a Force for Equity

Compared to other groups, African-American members have experienced particularly rapid uptake of telehealth.

Telehealth claims: July, 2019 - Feb, 2020
- Caucasian: 76%
- Black/African American: 22%
- Other: 2%

22% of all telehealth

Telehealth claims: March, 2020 - Sep, 2020
- Caucasian: 64%
- Black/African American: 30%
- Other: 6%

30% of all telehealth
Lessons Learned

- Telehealth can be rapidly scaled.
- Providers, patients and payers have a new understanding of telehealth’s possibilities and limitations.
- Providers are anxious about whether telehealth authorities will be made permanent.
- Patients do not always have reliable access to broadband.
- Providers, patients and payers will need to collaborate and learn together to improve telehealth delivery. This will take time and humility.
Telehealth goals:

- Increase and sustain members’ equitable access to services while maintaining (and improving) quality through coverage and evaluation.
- Increase and sustain providers’ willingness to offer services delivered via telehealth by establishing appropriate incentives and certainty.

Key operating principles:

- Telehealth is a modality, governed by many of the same requirements/parameters as services delivered in-person.
- Existing policy tools, resources, etc., should be leveraged.
- Telehealth policy development allows for inherent uncertainty.
- Establish robust Monitoring & Evaluation structures to make data-driven corrections on a continuous basis.
- Simplicity is paramount.
Questions for Virginia DMAS?

Please submit questions using the Q&A function.
Panel Q&A

Please submit questions using the Q&A function.
Subscribe to CCHP’s email listserv or stay tuned to CCHP’s resources page for recordings of this webinar and presentation slide decks!

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

https://www.cchpca.org/resources/search-telehealth-resources
Join us February 5, 2021 for *What’s Next? A Roadmap for Medicaid Telehealth Policy Beyond the Pandemic!*

**Presentation #1**
Joanne Jee, MPH, Principal Analyst, MACPAC

**Presentation #2**
Dr. Sara Salek, Chief Medical Officer, Arizona 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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