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.
- Please refrain from political statements or advertising commercial products or services during this webinar.
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

NORTHWEST TELEHEALTH RESOURCE CENTER

PACIFIC BASIN TELEHEALTH RESOURCE CENTER

SOUTHWEST TELEHEALTH RESOURCE CENTER

2 National Resource Centers

12 Regional Resource Centers

© Center for Connected Health Policy/Public Health Institute
Today’s Webinar

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
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
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)**

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadening of POS allowable for distant and originating sites</td>
<td>No restrictions on distant site (where provider is located)</td>
</tr>
<tr>
<td></td>
<td>Broadening of originating site (where member is located) to include home for many service codes</td>
</tr>
<tr>
<td>Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous</td>
<td>No rural vs. urban limitations</td>
</tr>
<tr>
<td>No rural vs. urban limitations</td>
<td></td>
</tr>
<tr>
<td>MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate</td>
<td></td>
</tr>
</tbody>
</table>
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
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:
  o Reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically
  o Cover all contracted services via telehealth modalities
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%

AHCCCS
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
<table>
<thead>
<tr>
<th>WHAT</th>
<th>TECHNOLOGY</th>
<th>TELEHEALTH MODIFIER OR APPLICABLE DENTAL CODE</th>
<th>PLACE OF SERVICE (POS)</th>
<th>CODE SET AVAILABLE</th>
<th>CODE SET AVAILABLE AFTER COVID 19 EMERGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine (Synchronous)</td>
<td>Interactive Audio + Video</td>
<td>GT</td>
<td>Originating Site²</td>
<td>Telehealth Code Set</td>
<td>YES</td>
</tr>
<tr>
<td>Asynchronous (Store+Forward)</td>
<td>Transmission of recorded health history through a secure electronic communications system</td>
<td>GQ</td>
<td>Originating Site²</td>
<td>Telehealth Code Set</td>
<td>YES</td>
</tr>
<tr>
<td>Remote Patient Monitoring</td>
<td>Synchronous (real-time) or asynchronous (store and forward)</td>
<td>GT-Synchronous GQ-Asynchronous</td>
<td>Originating Site²</td>
<td>Telehealth Code Set</td>
<td>YES</td>
</tr>
<tr>
<td>Teledentistry</td>
<td>Synchronous (real-time) or asynchronous (store and forward)</td>
<td>D9995-Synchronous D9996-Asynchronous</td>
<td>Originating Site²</td>
<td>Teledentistry Code Set³</td>
<td>YES</td>
</tr>
<tr>
<td>Telephonic</td>
<td>Audio</td>
<td>None</td>
<td>02-Telehealth</td>
<td>Permanent Telephonic Code Set³,⁴</td>
<td>YES</td>
</tr>
<tr>
<td>Telephonic (Temporary)</td>
<td>Audio</td>
<td>UD</td>
<td>Originating Site²</td>
<td>Temporary Telephonic Code Set³,⁴</td>
<td>UNDER EVALUATION</td>
</tr>
</tbody>
</table>

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.*
What's Next? A Roadmap for Telehealth Beyond the Pandemic
February 5, 2021

Tracy Johnson, PhD, Colorado Medicaid Director
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
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
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

Source: Data provided to Department by RAES.
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
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).
Health Equity Findings

Considerations and barriers include:

• Rural / Urban digital divide
• Ability to access and navigate technology
• Age
• Language
• Cultural competency
• Disabilities
• Homelessness
Member Survey Highlights

- 73.8% Accessed visit through video
- 50% Facetime or Zoom
- 50% Provider Portal

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,

- 84.3% of respondents said they would have delayed getting care and
- 69.1% said they would have gone to the emergency department.

- 9.6%
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.
Budget Implications

• Projected Telemedicine Spend
  • FY20-21: $210m
  • FY20-22: $253m
Cost Modeling:
Telemedicine Uptake and Impact on Future Margins

Source: Colorado Health Institute
Emergency Department Trends

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

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
# Resources

<table>
<thead>
<tr>
<th></th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder resource page</td>
<td><a href="http://www.colorado.gov/pacific/hcpf/stakeholder-telemedicine">www.colorado.gov/pacific/hcpf/stakeholder-telemedicine</a></td>
</tr>
<tr>
<td>Feedback form</td>
<td><a href="https://forms.gle/EJGBT4SaTsRPVSwD8">https://forms.gle/EJGBT4SaTsRPVSwD8</a></td>
</tr>
<tr>
<td>Utilization data</td>
<td><a href="https://www.colorado.gov/pacific/hcpf/provider-telemedicine#TeleUtDa">https://www.colorado.gov/pacific/hcpf/provider-telemedicine#TeleUtDa</a></td>
</tr>
</tbody>
</table>
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

*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

<table>
<thead>
<tr>
<th>Behavior Health Diagnosis</th>
<th>Primary Diagnosis</th>
<th>Primary Diagnosis Desc</th>
<th>Count</th>
<th>Physical Health Diagnosis</th>
<th>Primary Diagnosis</th>
<th>Primary Diagnosis Desc</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1120</td>
<td>Opioid dependence, uncomplicated</td>
<td>191,690</td>
<td></td>
<td>I10</td>
<td>Essential (primary) hypertension</td>
<td>13,157</td>
<td></td>
</tr>
<tr>
<td>F4310</td>
<td>Post-traumatic stress disorder, unspecified</td>
<td>170,443</td>
<td></td>
<td>Z20828</td>
<td>Contact w and exposure to other viral communicable diseases</td>
<td>9,633</td>
<td></td>
</tr>
<tr>
<td>F411</td>
<td>Generalized anxiety disorder</td>
<td>122,133</td>
<td></td>
<td>E119</td>
<td>Type 2 diabetes mellitus without complications</td>
<td>9,350</td>
<td></td>
</tr>
<tr>
<td>F1020</td>
<td>Alcohol dependence, uncomplicated</td>
<td>81,349</td>
<td></td>
<td>G4733</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
<td>7,929</td>
<td></td>
</tr>
<tr>
<td>F1520</td>
<td>Other stimulant dependence, uncomplicated</td>
<td>71,906</td>
<td></td>
<td>R05</td>
<td>Cough</td>
<td>7,294</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Flexibilities</th>
<th>Permanent* policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling providers to deliver telehealth services from their own home and to patients in their own homes</td>
<td>Continue</td>
</tr>
<tr>
<td>Covering telehealth service delivery to new patients (as opposed to only when there is an existing provider-patient relationship)</td>
<td>Continue</td>
</tr>
<tr>
<td>Payment Parity - using the same payments rates for telehealth visits as with in-person visits</td>
<td>Continue, requires modifiers to distinguish video from audio-only services</td>
</tr>
</tbody>
</table>

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

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

Source: 2018 American Community Survey
Center equity: Access to broadband
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
• 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.*
Panel Q&A

Please submit questions using the Q&A function.
Webinar Recordings and Resources

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
Stay tuned for more information on the Spring series!

Center for Connected Health Policy

TELEHEALTH & MEDICAID: A POLICY WEBINAR SERIES
Thank You!

Stay in touch!

Follow us on Twitter @CCHPCA

Email us: info@cchpca.org

Visit our website: www.cchpca.org