Center for Connected Health Policy
The National Telehealth Policy Resource Center

Center for Connected Health Policy

TELEHEALTH & MEDICAID: A POLICY WEBINAR SERIES

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

January 29, 2021

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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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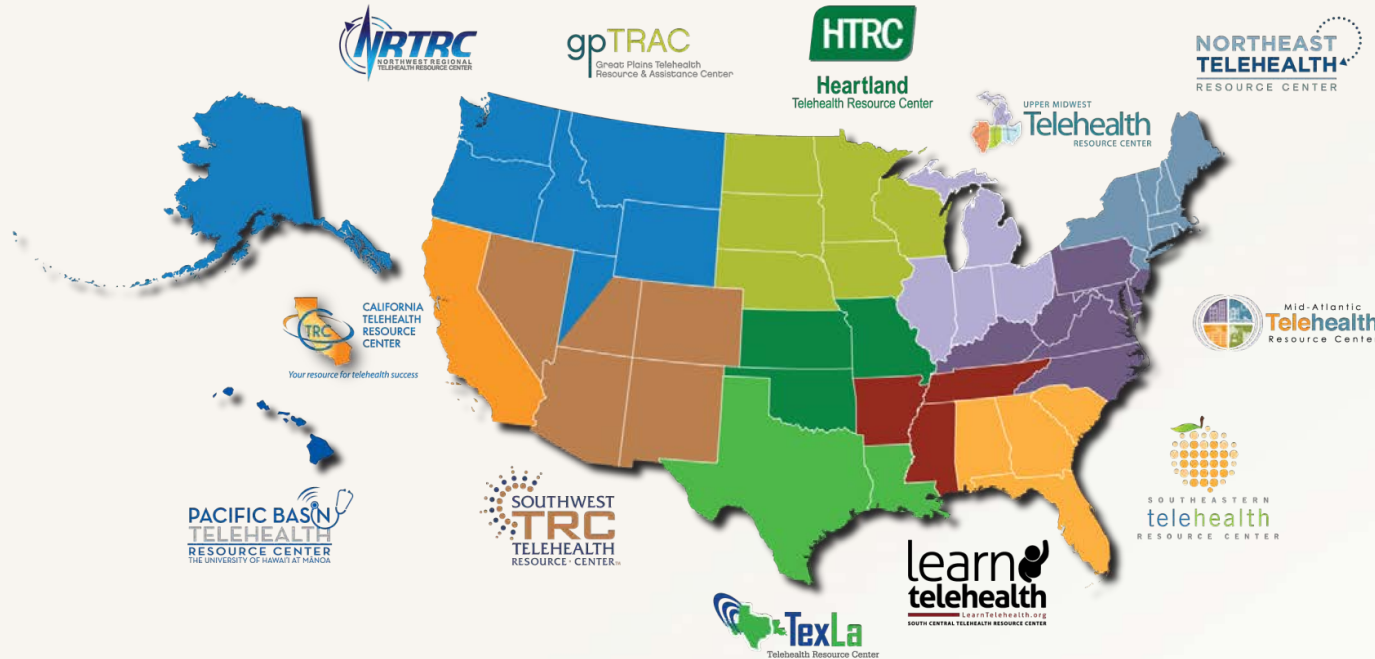
About CCHP

- 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

NORTHEAST TELEHEALTH RESOURCE CENTER

UPPER MIDWEST Telehealth RESOURCE CENTER

CALIFORNIA TELEHEALTH RESOURCE CENTER — Your resource for telehealth success

Mid-Atlantic Telehealth Resource Center

PACIFIC BASIN TELEHEALTH RESOURCE CENTER — THE UNIVERSITY OF HAWAII AT MANOA

SOUTHWEST TRC TELEHEALTH RESOURCE CENTER

learn telehealth — LearnTelehealth.org — SOUTH CENTRAL TELEHEALTH RESOURCE CENTER

SOUTHEASTERN telehealth RESOURCE CENTER

TexLa Telehealth Resource Center

TTAC TelehealthTechnology.org — National Telehealth Technology Assessment 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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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)

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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

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

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

- 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 and 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

Telehealth: GT Modifier
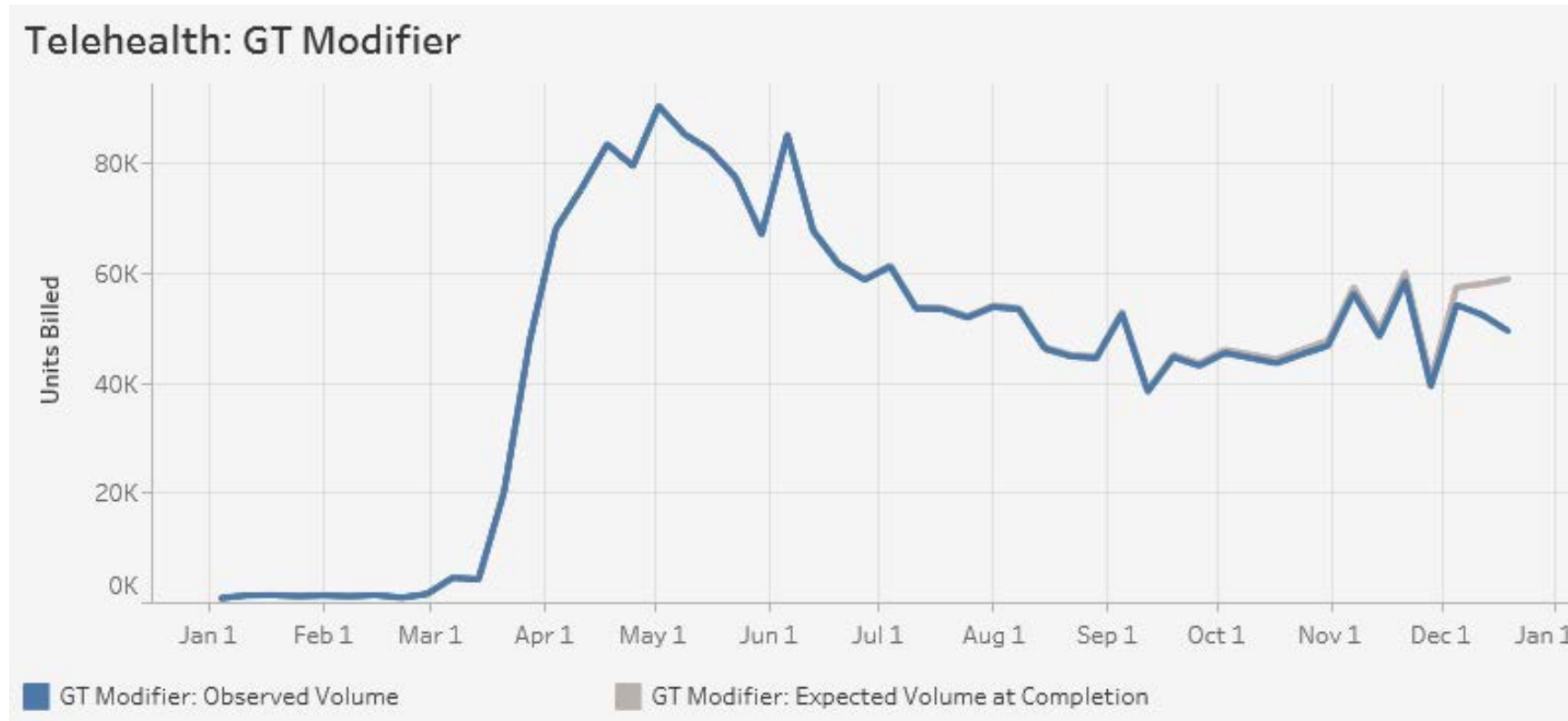
At Peak During the Pandemic, 12% of MaineCare Members Used Telehealth

% of Members w. 1+ Claim w. GT Modifier
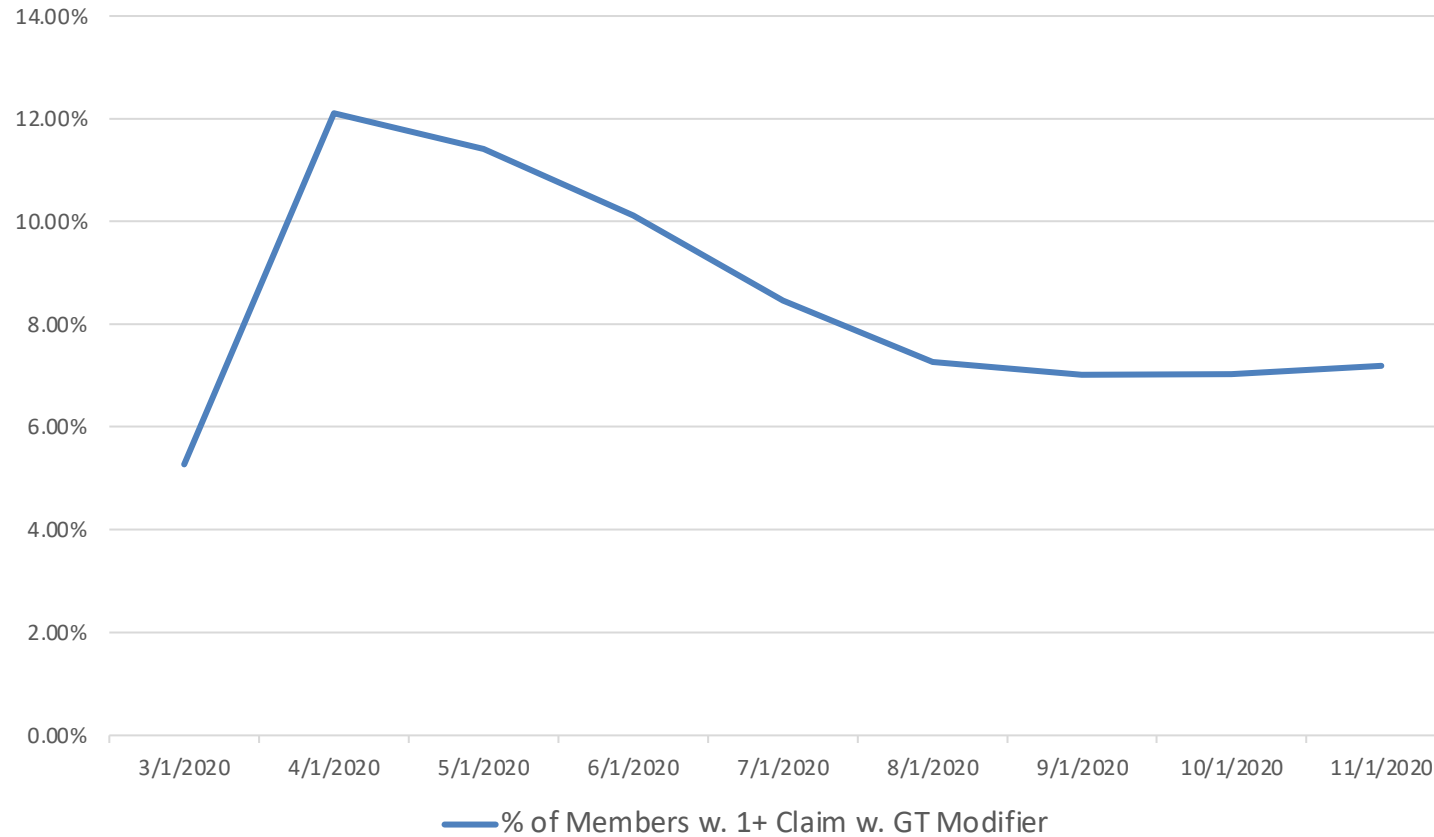
Maine led the country in children's telehealth utilization

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

# of services delivered via telehealth per 1,000 beneficiary months (age 18 and under), March – June 2020

0.0   58.0   115.9   173.9   231.9   289.8

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.
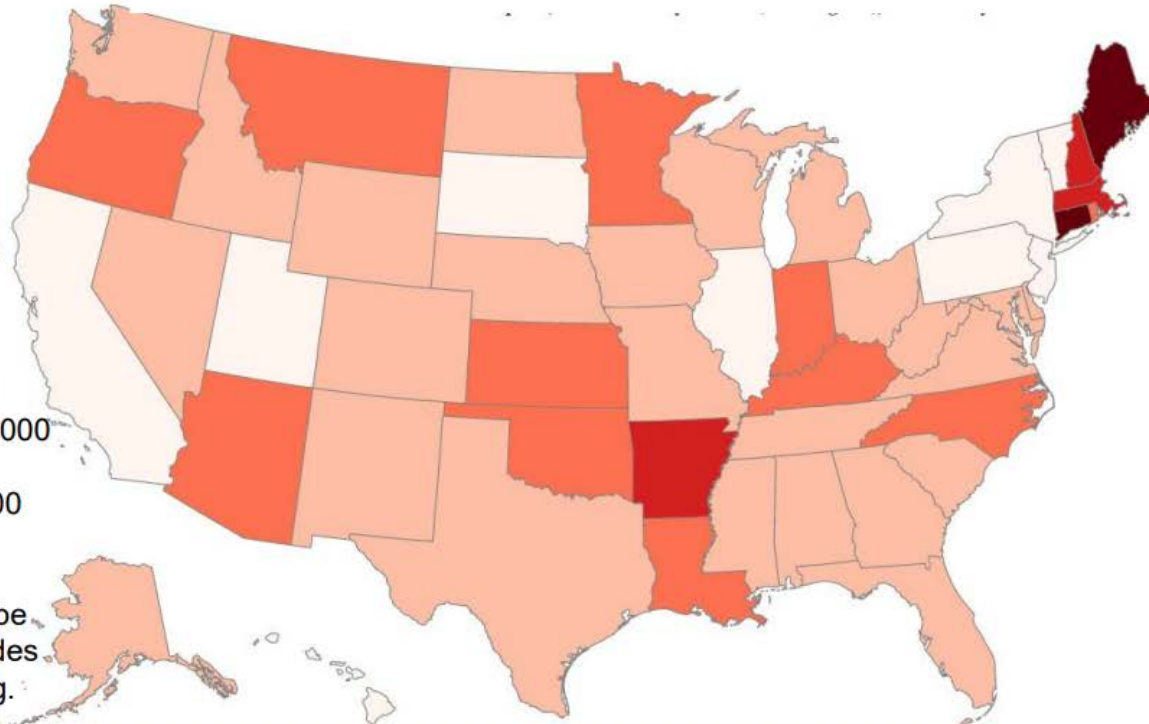
Notes: : These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on August T-MSIS submissions with services through the end of July. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because 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.

8

MaineCare Members Ages 65+ Were 1/6th as Likely as Other Members to Use Telehealth

Maine Department of Health and Human Services

15
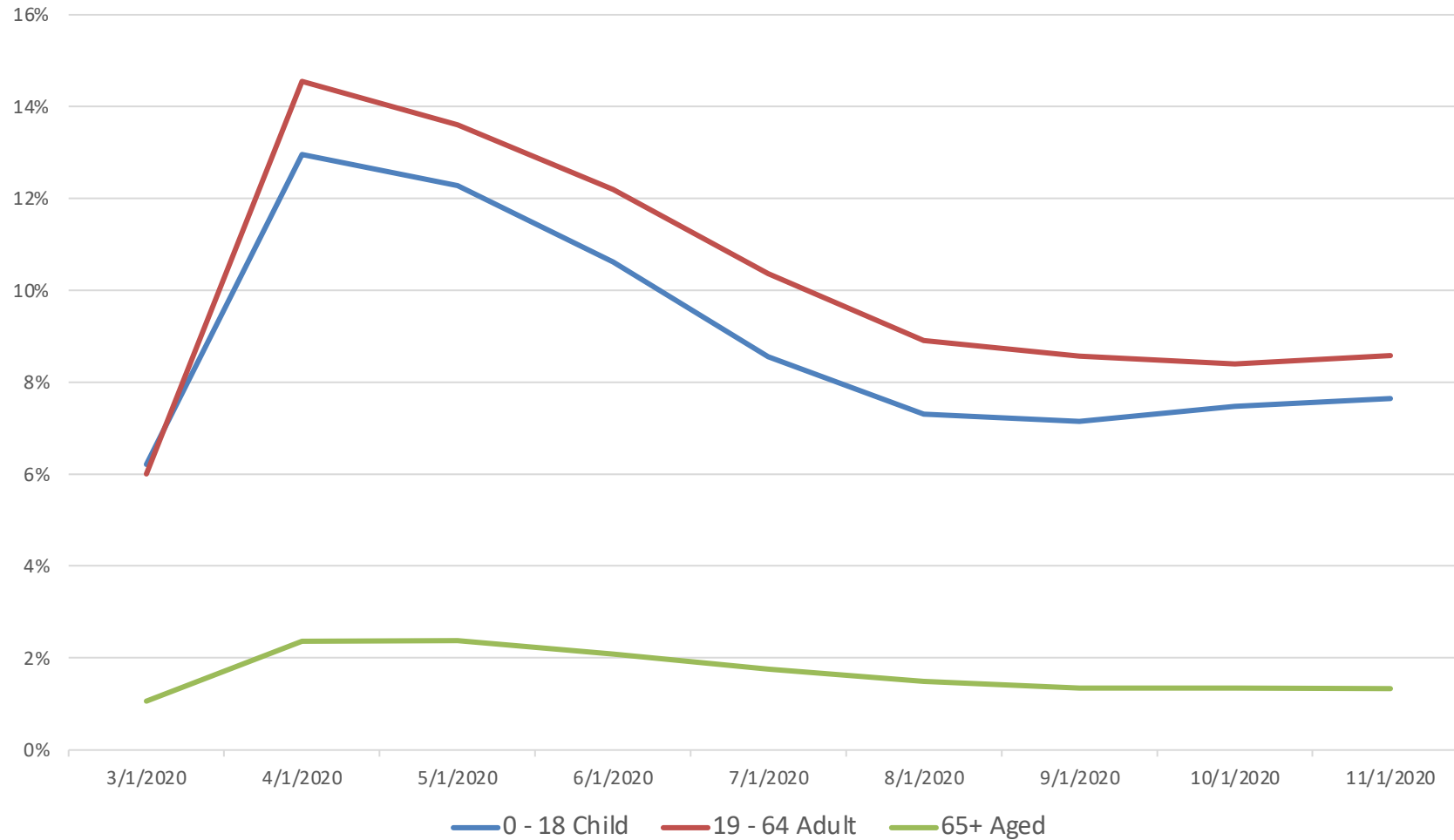
Telehealth Enabled Utilization of Medication Management Services to Remain Constant.

Medication Management - Adult
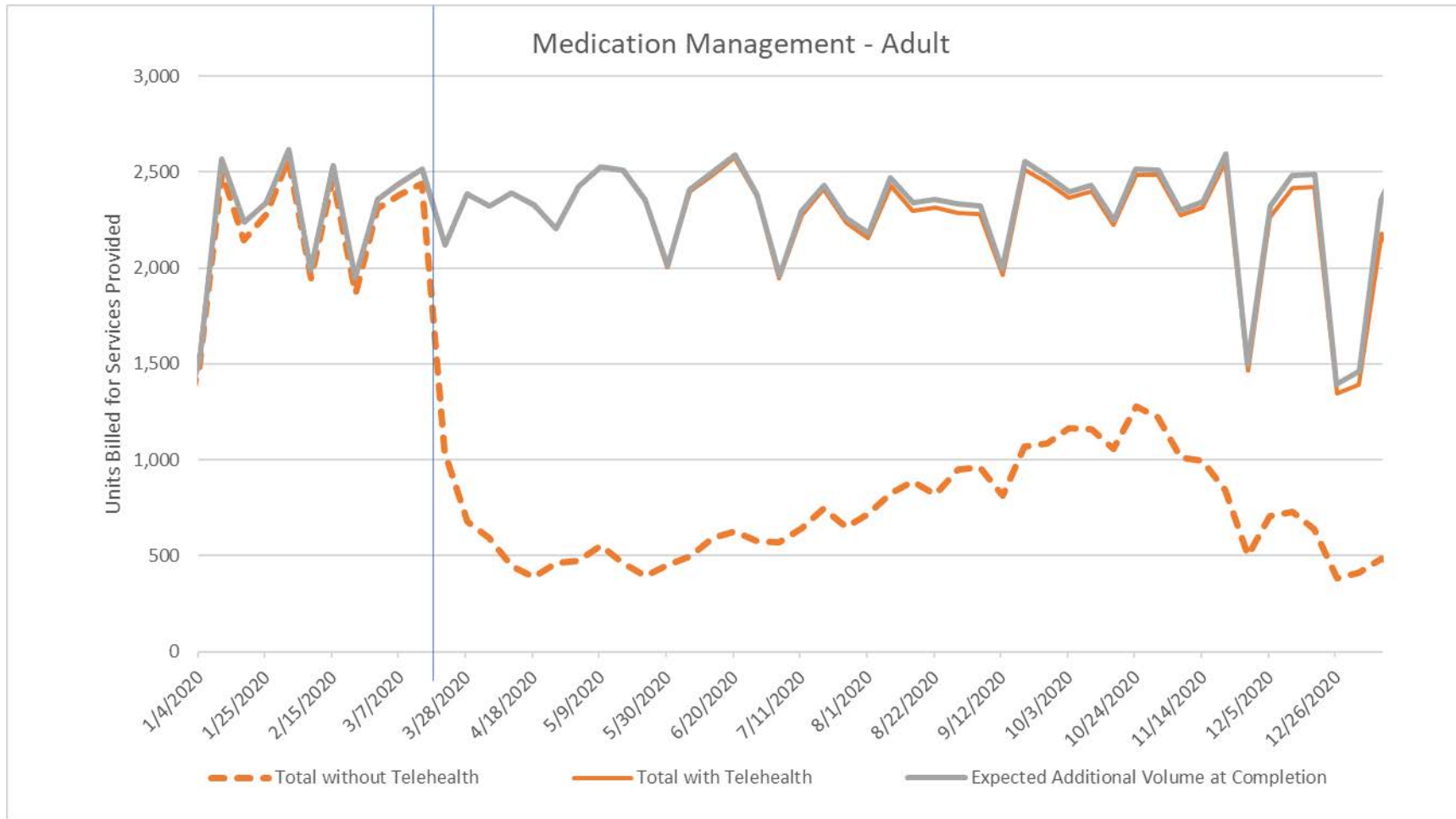
Multiracial and White Members have had the Highest Rates of Telehealth Use
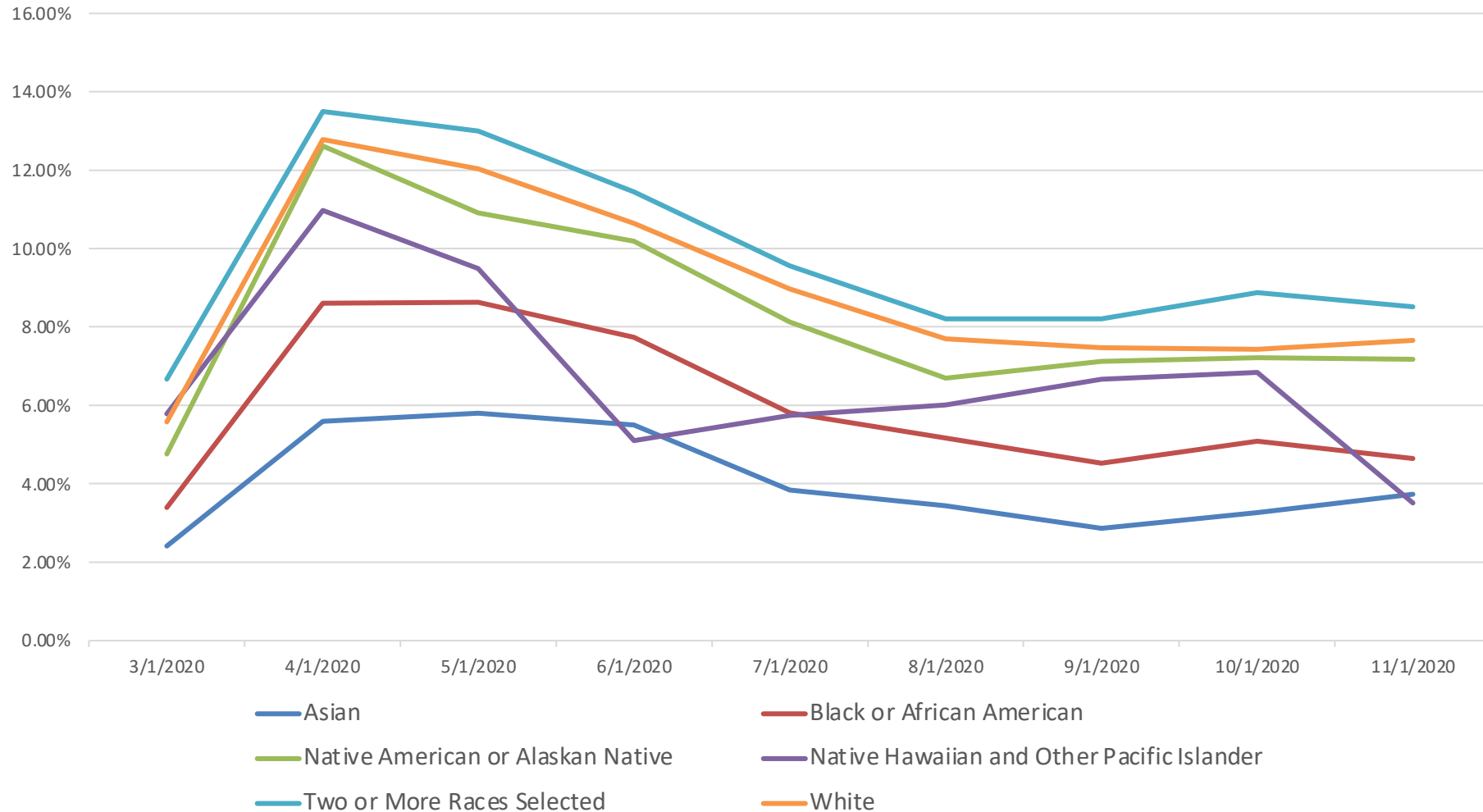
Members with English as Their Primary Language Over 50% More Likely to Use Telehealth

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

Paid Outreach

Online Display Ads
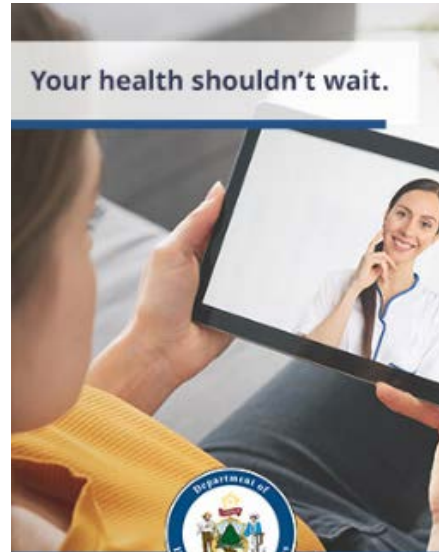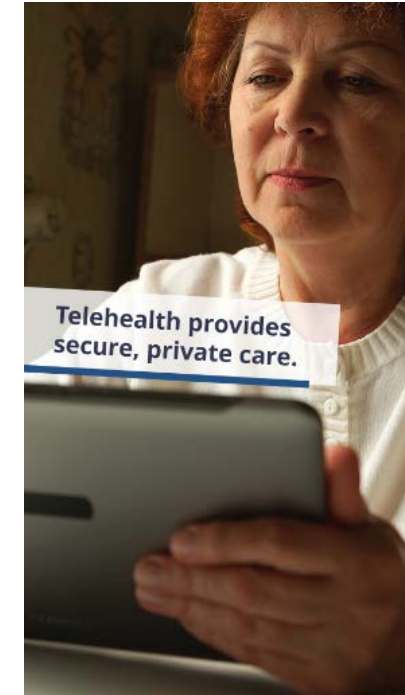
Instagram "Stories"

Videos
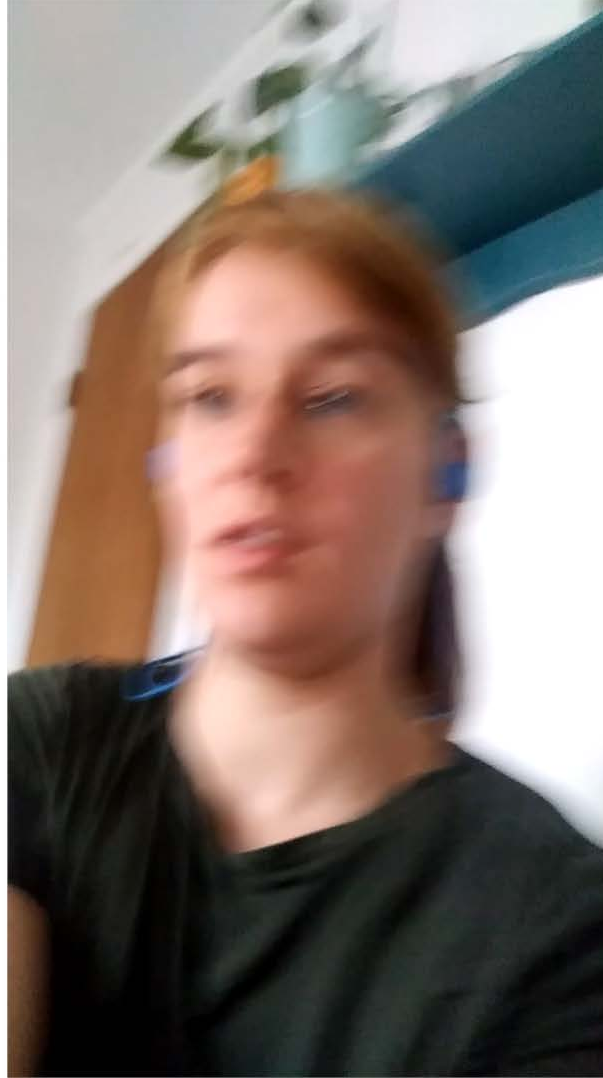
Questions?

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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

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

October 2020 Total Enrollment	950,015
Percent Served Telemedicine	17.6%

TOP 10 PROCEDURE CODES USED

Procedure Code Desc	Number of Claims (2020)	Procedure Code Desc	Number of Claims (2019)
Behavioral Health Counseling And Therapy (Alcohol/Drug), 15 Minutes	493,889	Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes	9,446
Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes	87,409	Established Patient Office Or Other Outpatient, Visit Typically 25 Minutes	6,175
Established Patient Office Or Other Outpatient Visit, Typically 25 Minutes	73,539	Behavioral Health Counseling And Therapy (Alcohol/Drug), 15 Minutes	2,849
Treatment Of Speech, Language, Voice, Communication, And/Or Hearing Processing Disorder	53,578	New Patient Office Or Other Outpatient Visit, Typically 45 Minutes	1,055
Psychosocial Rehabilitation Services, 15 Minutes	48,595	New Patient Office Or Other Outpatient Visit, Typically 30 Minutes	1,050
Therapeutic Activities (One-On-One) To Improve Function, 15 Minutes	30,005	Telehealth Originating Site Facility Fee	676
Physician Telephone Patient Service, 11-20 Minutes	16,983	Established Patient Office Or Other Outpatient Visit, Typically 10 Minutes	640

Telephonic services Provided March – October 2020

Members Served	Number of Claims	Billing Providers	Total Reimbursement
28,717	47,341	1,087	$1,720,712

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?

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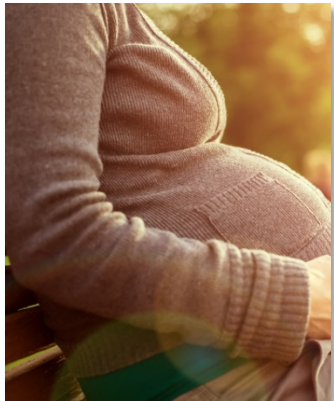
DMAS Telehealth Policy During COVID-19
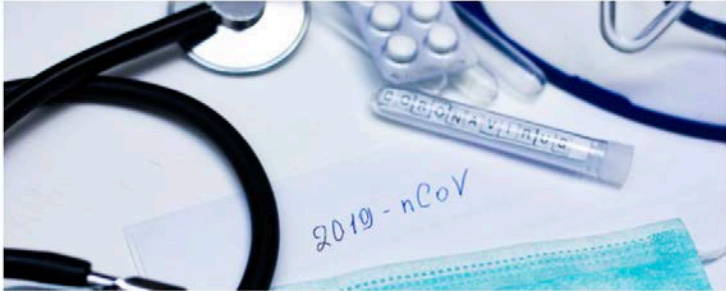
- ❑ Home as an originating site
- ❑ Use of audio in addition to audio-visual modalities for Medicaid-covered services
- ❑ Payment parity with in-person visits
- ❑ Provider-provider consultation including eConsults
- ❑ Remote Patient Monitoring for suspected or confirmed COVID-19

Getting the Word Out

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.
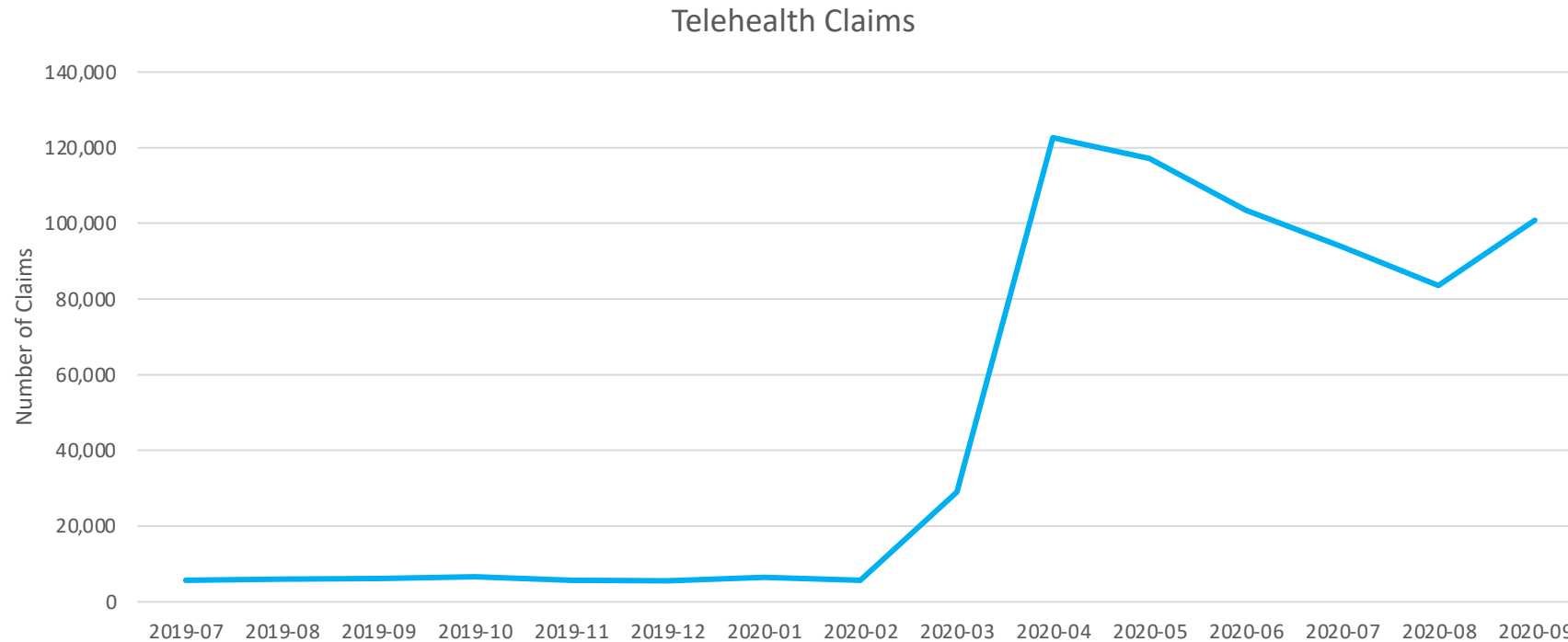
Telehealth Claims
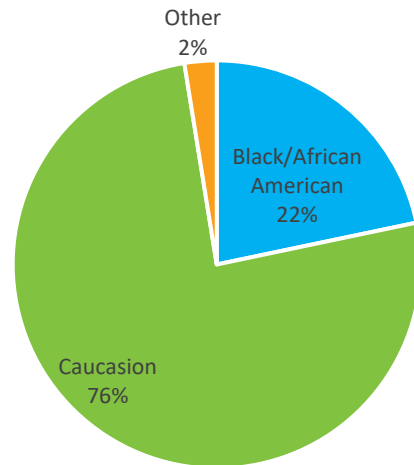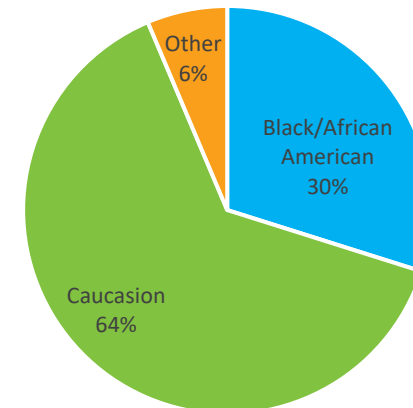
Lessons Learned

❑ 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.

Looking Forward

- ❑ 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.

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Panel Q&A

Please submit questions using the Q&A function.

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