



Center for Connected Health Policy

# TELEHEALTH & MEDICAID: A POLICY WEBINAR SERIES

*Medicaid Telehealth Policy & Data, Evaluations & Stakeholders*

**September 24, 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.

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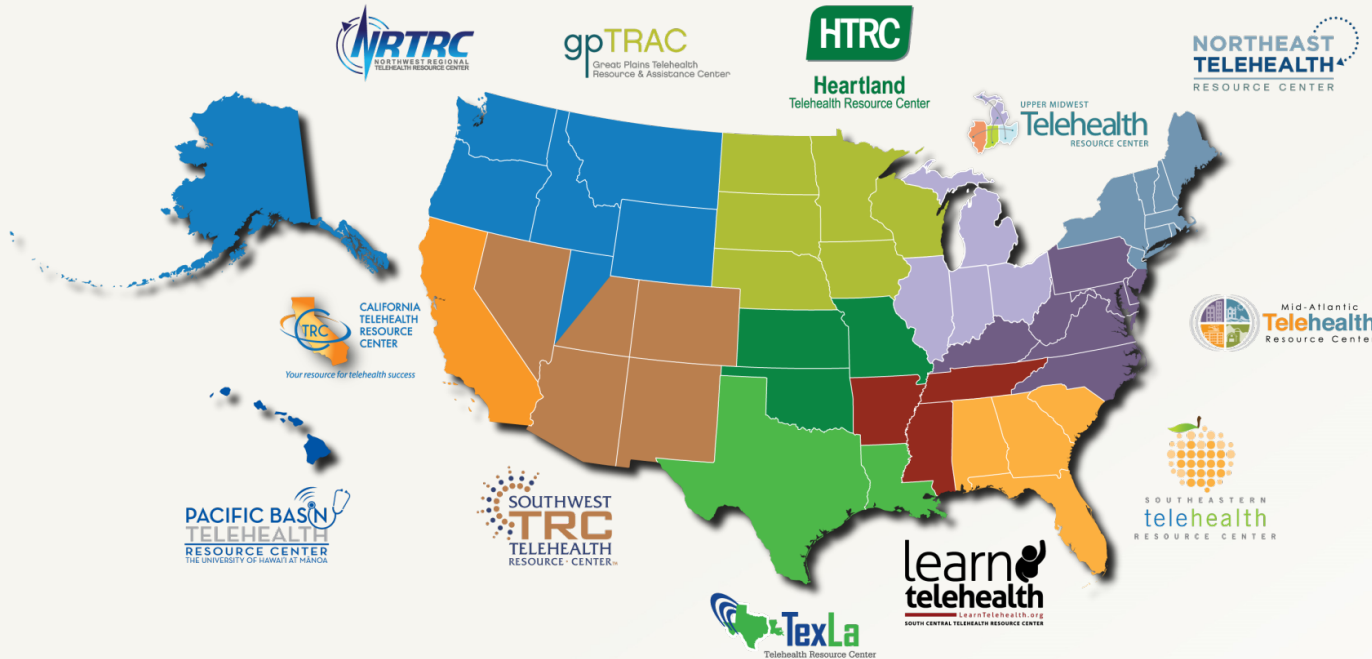
# ABOUT CCHP

- 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

**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



Tracy Johnson, PhD

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Colorado Department of Health Care Policy & Financing

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# STATES DATA, EVALUATIONS, SURVEYS & STAKEHOLDERS

September 24, 2021



Mei Wa Kwong, JD,  
*Executive Director, CCHP*



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# COVID-19 changed everything



# TELEHEALTH POLICY CHANGES IN COVID-19

## FEDERAL

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

## STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

# PRE-PANDEMIC

- 37 states surveyed
- Concerns over quality, fraud/waste and utilization
- Data gathering varied
- Most states did not assess quality
- Only one state examined cost savings and found there were
- Three states did not track telehealth use

U.S. Department of Health and Human Services

Office of Inspector General

Data Brief

September 2021, OEI-02-19-00401



## Opportunities Exist To Strengthen Evaluation and Oversight of Telehealth for Behavioral Health in Medicaid

### Key Takeaways

- A few States reported being unable to identify which services are provided via telehealth, limiting their ability to evaluate and oversee telehealth.
- Only a few States have evaluated the effects of telehealth on behavioral health services.
- Despite concerns about fraud, waste, and abuse, many States do not conduct monitoring and oversight specific to telehealth.

### Why OIG Did This Review

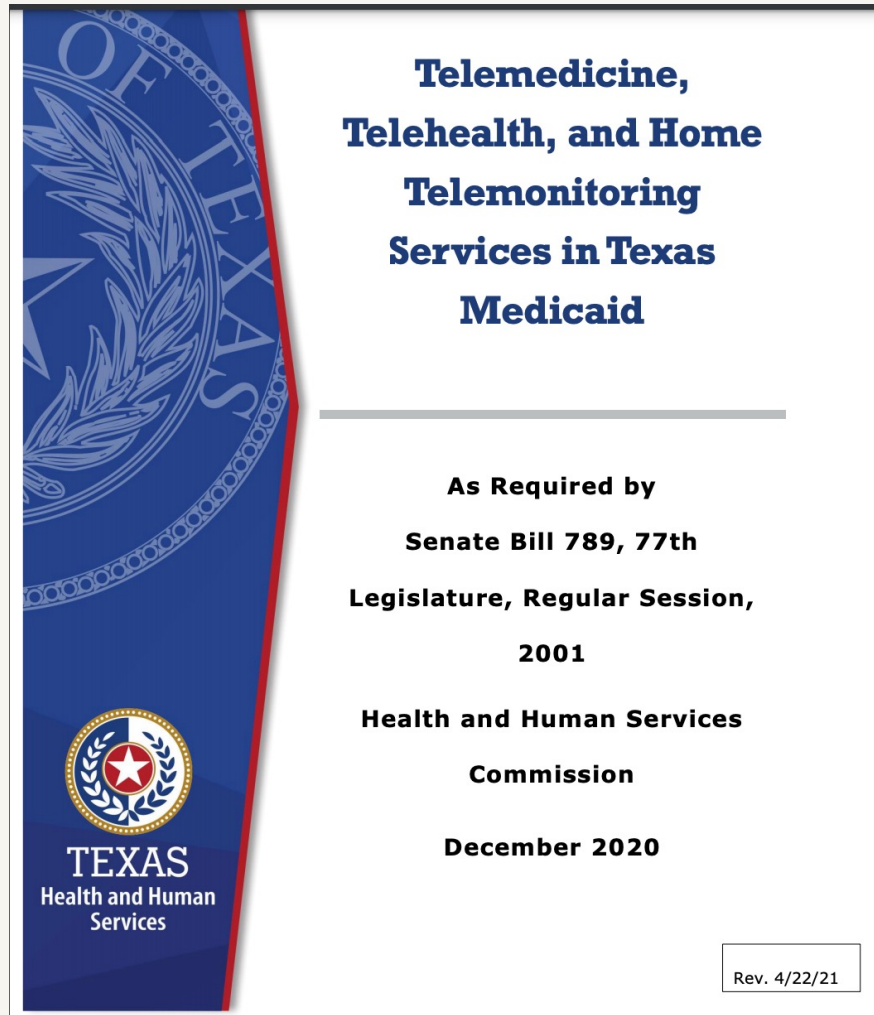
States are increasingly relying on telehealth to provide behavioral health services to Medicaid enrollees. Before the COVID-19 pandemic, telehealth was an important tool for States to increase access to behavioral health services for enrollees in rural or underserved areas with provider shortages. During the COVID-19 pandemic, States expanded their use of telehealth to help meet the needs of enrollees while also reducing the risks from community spread of the virus. As the Nation confronts the psychological and emotional impact of COVID-19, the use of telehealth will be important in addressing behavioral health needs for Medicaid enrollees.

This data brief provides insight into State evaluations and oversight of telehealth for behavioral health services as of January and February 2020, before the expansion of telehealth due to the COVID-19 pandemic. It provides a useful foundation to inform the Centers for Medicare & Medicaid Services (CMS) and State decisions about how to evaluate the impacts of telehealth on access, cost, and quality of behavioral health services and to strengthen oversight of program integrity. Evaluating the effects of telehealth on access, cost, and quality is particularly important in helping States make decisions about how best to use telehealth and about which populations benefit most from these services. Understanding States' efforts to oversee telehealth can help States protect their Medicaid programs. Further, States' expansion of telehealth during the COVID-19 pandemic has been largely on a temporary basis. As States consider making telehealth expansions permanent, States can use information in this data brief to help determine which services best support enrollees. This data brief is a companion report to a data brief that describes the challenges States reported with using telehealth to provide behavioral health services to Medicaid enrollees.<sup>1</sup>

### How OIG Did This Review

States commonly provide behavioral health services to Medicaid enrollees through managed care organizations. We conducted a survey of State Medicaid Directors from 37 States that provide behavioral health services via telehealth through managed care organizations. We also conducted structured interviews with relevant stakeholders. While we asked about efforts specific to managed care, the respondents focused on States' efforts to evaluate and oversee the use of telehealth more generally.

# PRIOR TO COVID-19



- Prior to the pandemic, some states did report on/track telehealth utilization data

# STATE MEDICAID ACTIONS

- Increasingly seeing states specifically focus on gathering/analyzing telehealth data
  - Many states extending emergency flexibilities contingent on forthcoming data evaluations, meetings, and reports
- Using a variety of means
  - Surveys/reports
  - Advisory Groups/Stakeholder engagement
  - Pulling data from claims
- Some Medicaid programs may encounter issues gathering data
  - Utilization data vs outcomes research

# STATE ACTIONS - DATA

The following are slides from Rene Mollow, MSN, RN, Deputy Director of Health Care Benefits & Eligibility, California Department of Health Care Services presentation on CCHP's Spring Medicaid Webinar Series

[Medicaid Telehealth Policy for Seniors](#)

[PPT for Webinar](#)



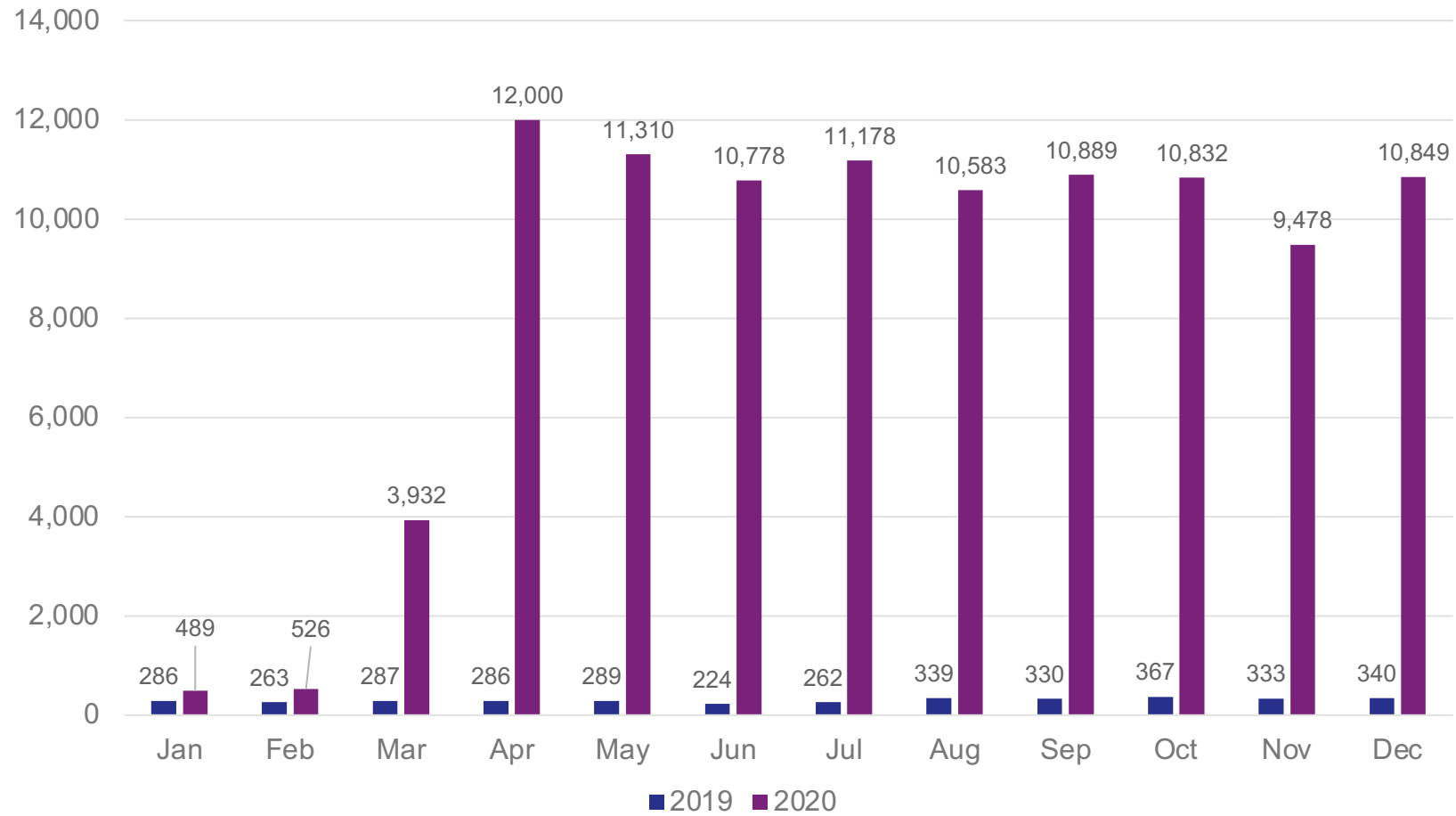
# Telehealth Visits

- Telehealth visits were identified based on the presence of a modifier on the claim or encounter (modifiers 95, GQ and GT)
- Telehealth visits include phone and video healthcare visits
- Telehealth Visits are outpatient visits in fee-for-service or managed care – mental health visits are not included in this chart
- Source of data:
  - MIS/DSS Claims and Eligibility



# Telehealth Visits

Per 100,000 beneficiaries

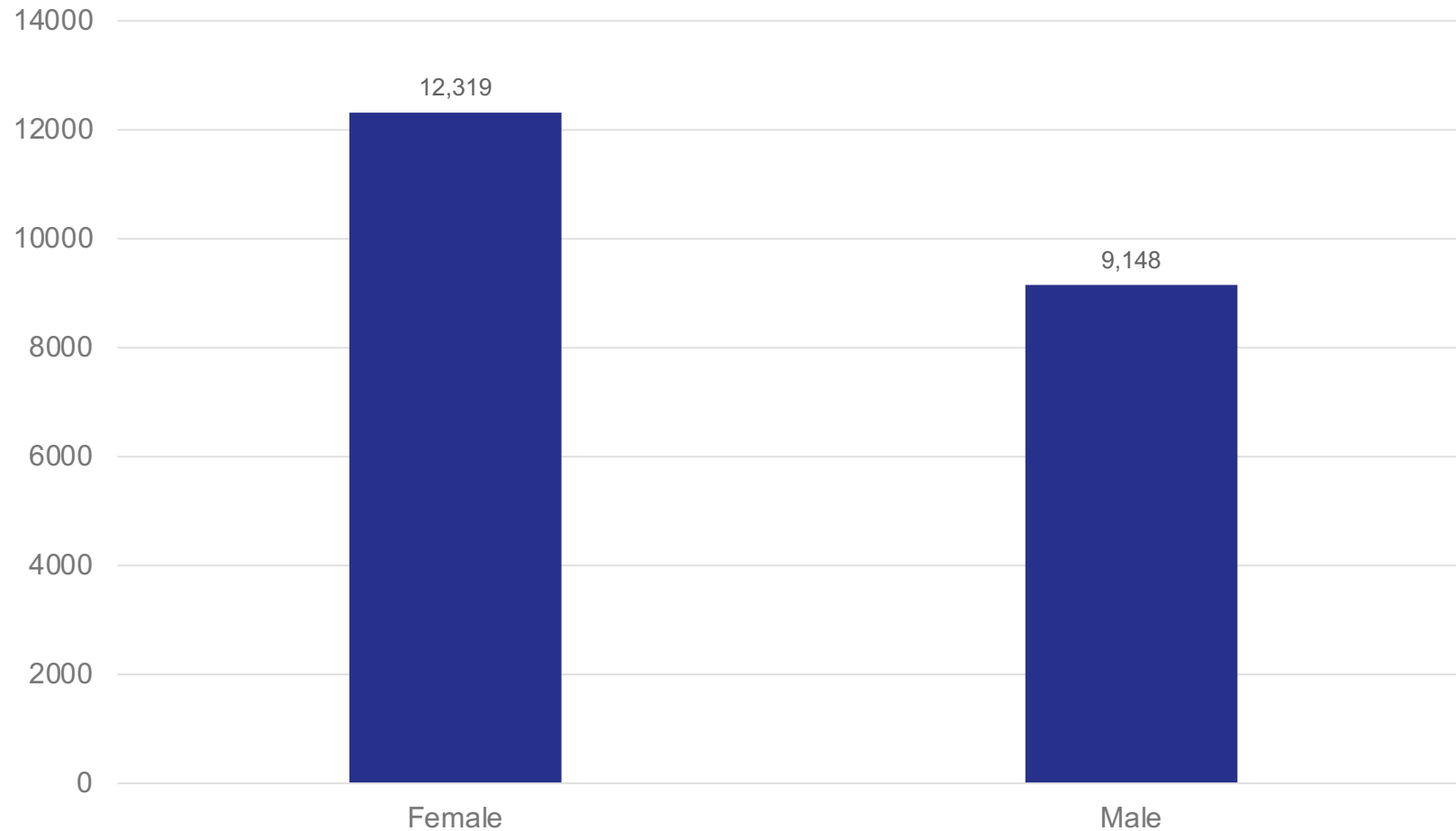


Preliminary Data as of 01/2021



# Telehealth Visits

By Sex per 100,000 beneficiaries through 2020



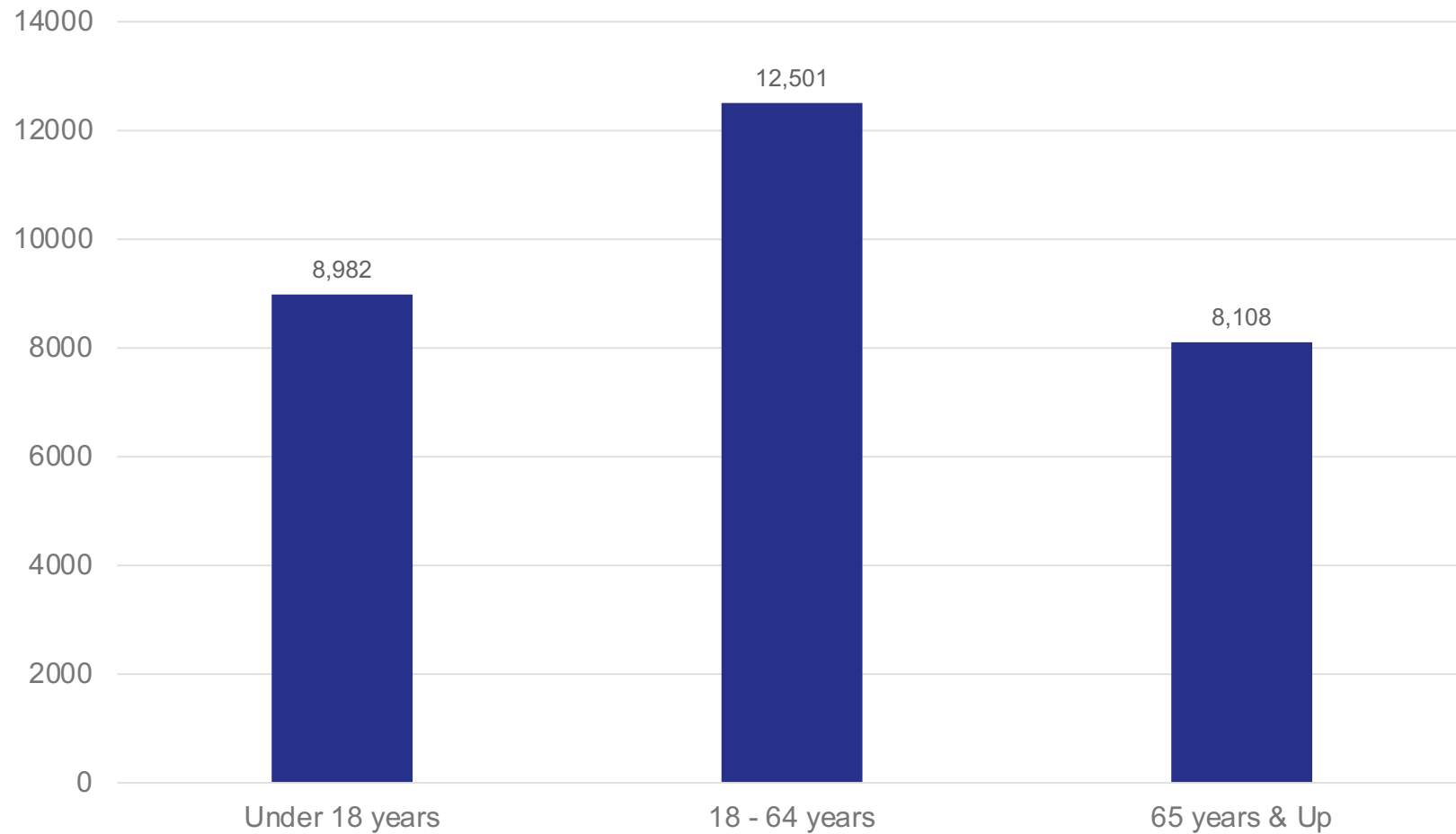
Preliminary Data as of 03/2021





# Telehealth Visits

By Age Group per 100,000 beneficiaries through 2020

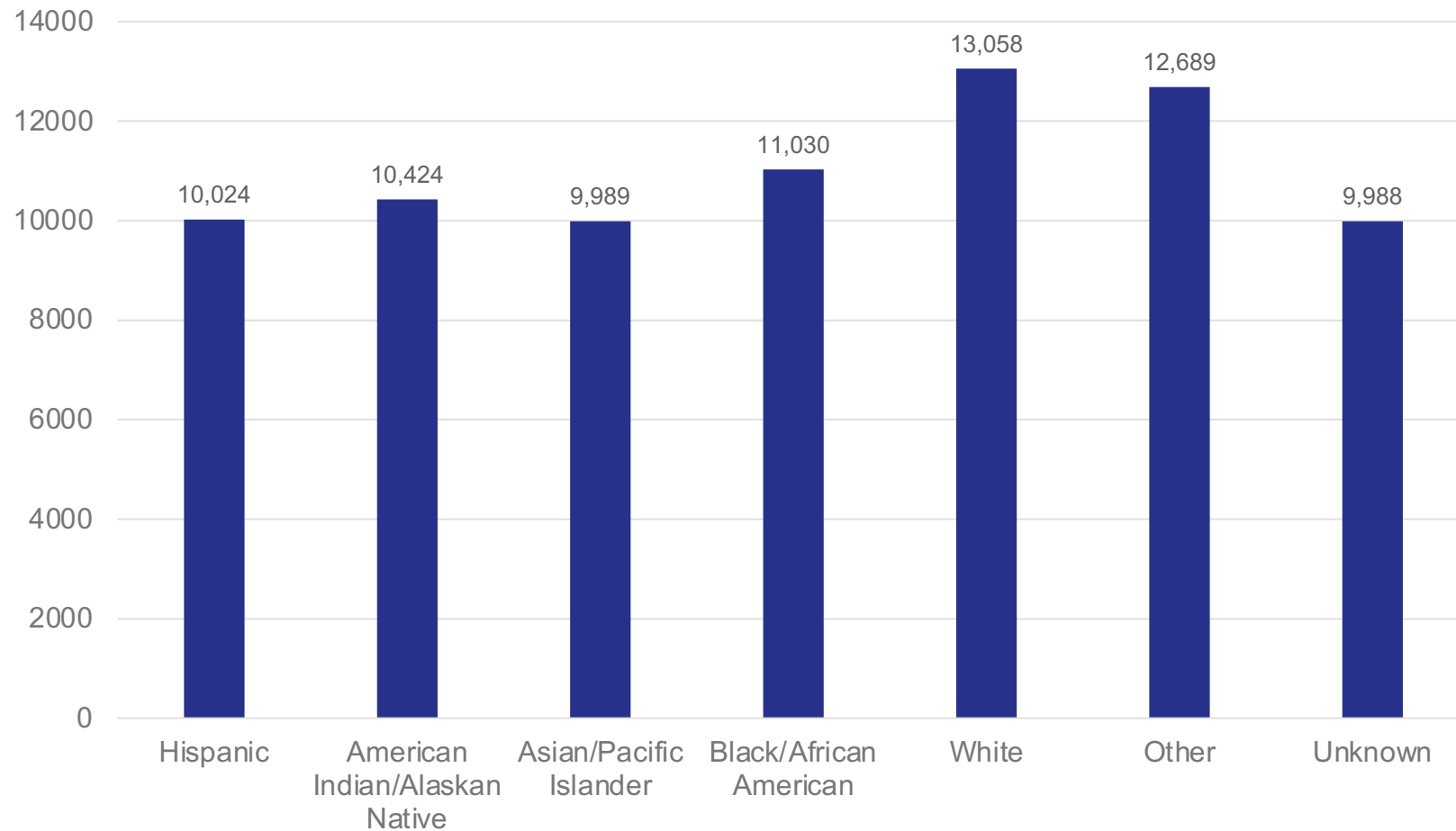


Preliminary Data as of 03/2021



# Telehealth Visits

By Race/Ethnicity per 100,000 beneficiaries through 2020

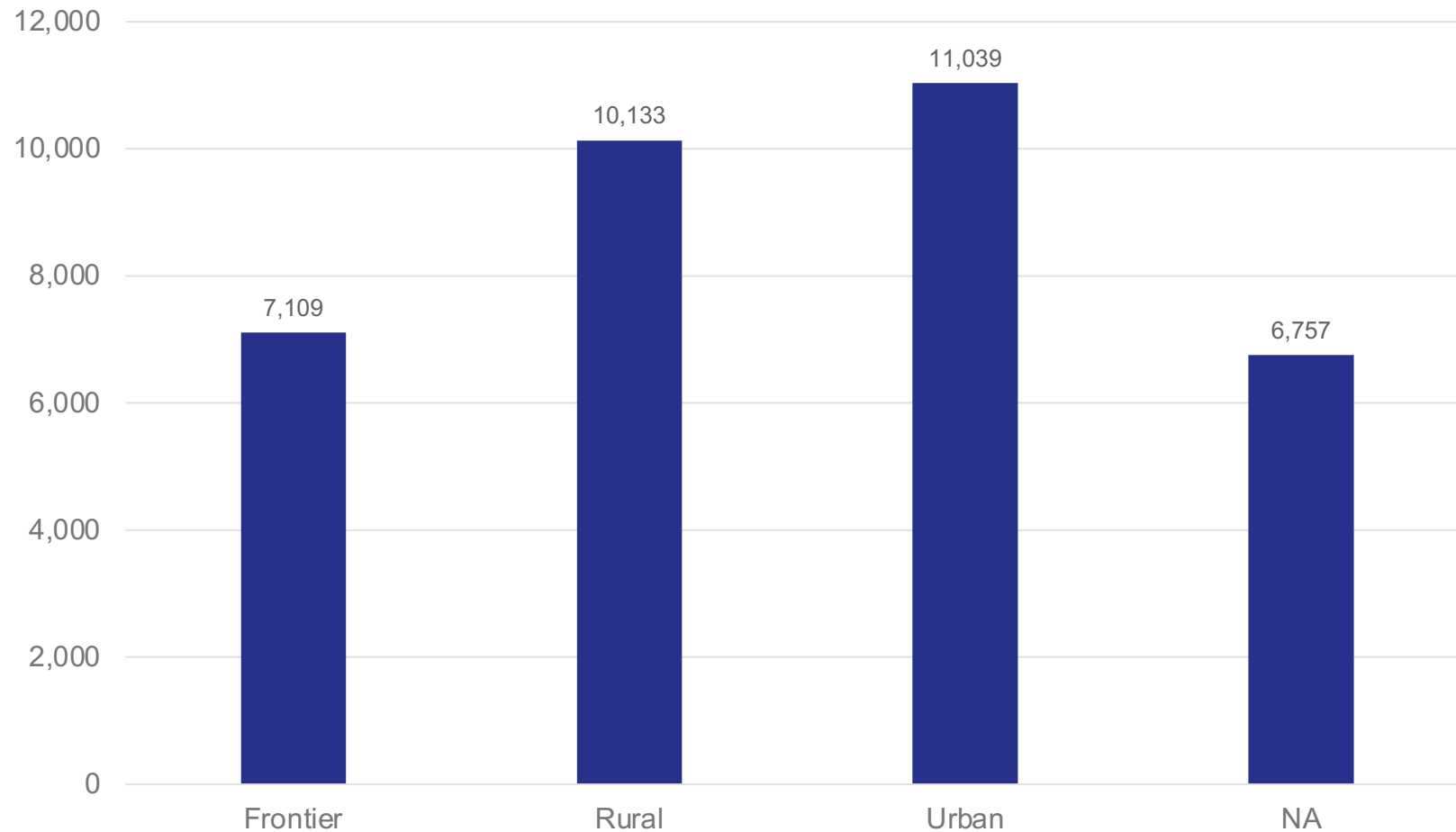


Preliminary Data as of 03/2021



# Telehealth Visits New

By Location per 100,000 beneficiaries through 2020

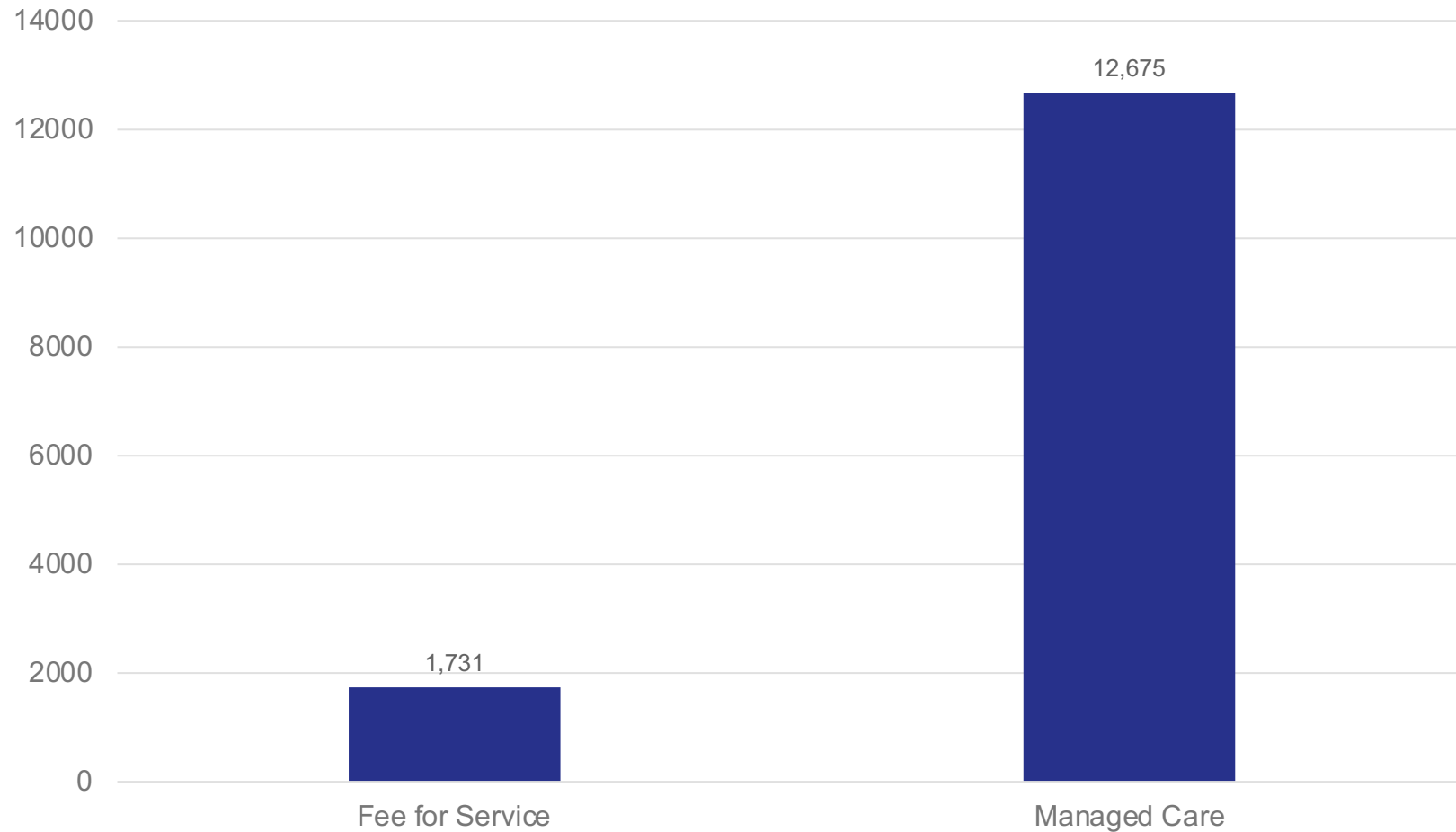


Preliminary Data as of 03/2021



# Telehealth Visits

By Delivery System per 100,000 beneficiaries through 2020



Preliminary Data as of 03/2021

# STATE ACTIONS – STAKEHOLDER ENGAGEMENT: SURVEYS

The following are slides from Catherine Ivy, Deputy Executive Director, Georgia Department of Community Health presentation on CCHP's Spring Medicaid Webinar Series

[Medicaid Telehealth Policies for Children and Youth](#)

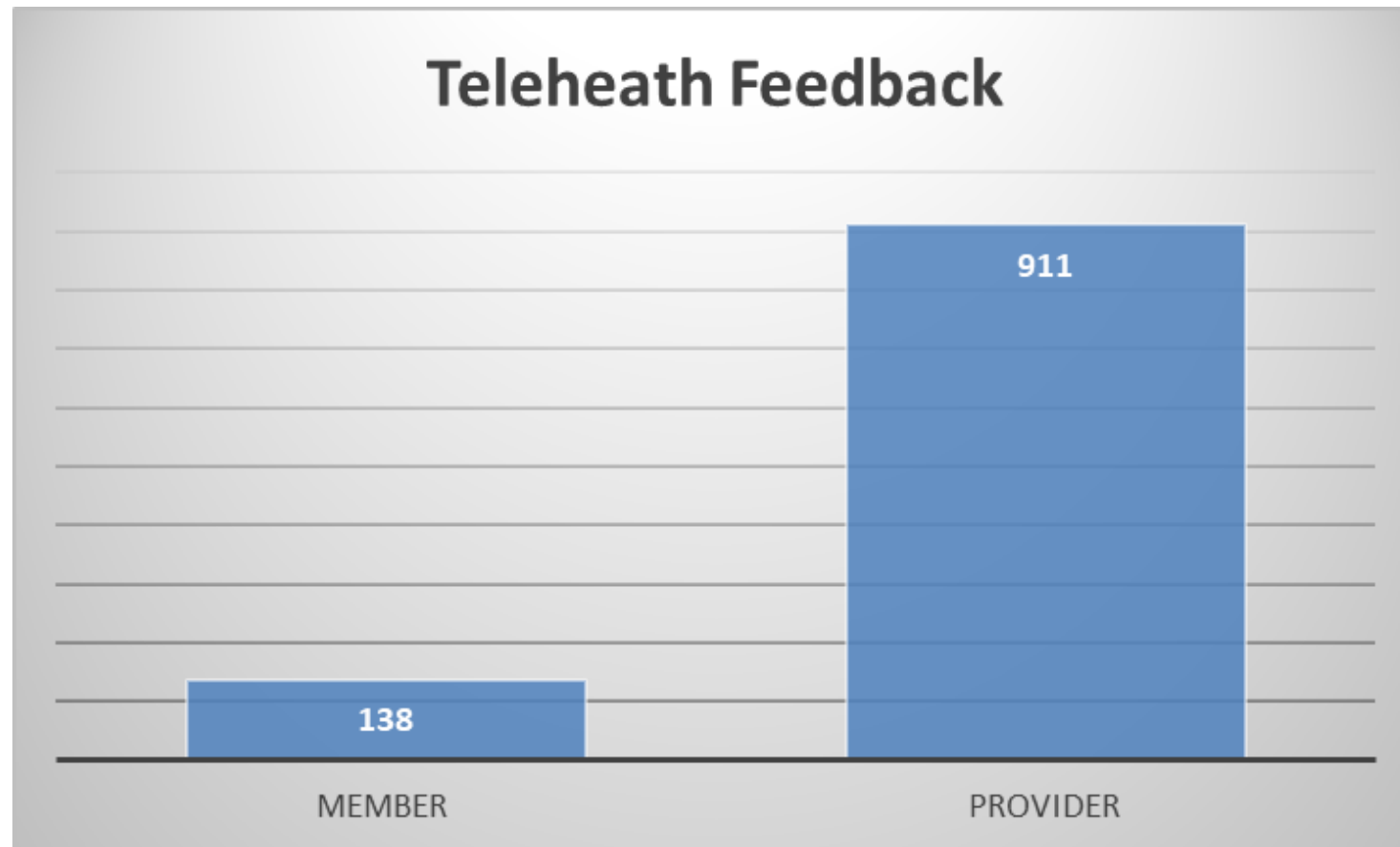
[PPT for Webinar](#)

# After PHE

- DCH began a survey in June of 2020 to look at the efficiency of telehealth during the PHE.
  - What provisions should remain under telehealth/ telemedicine ?
  - What worked ?
  - What didn't work ?
  - Opportunities missed ?

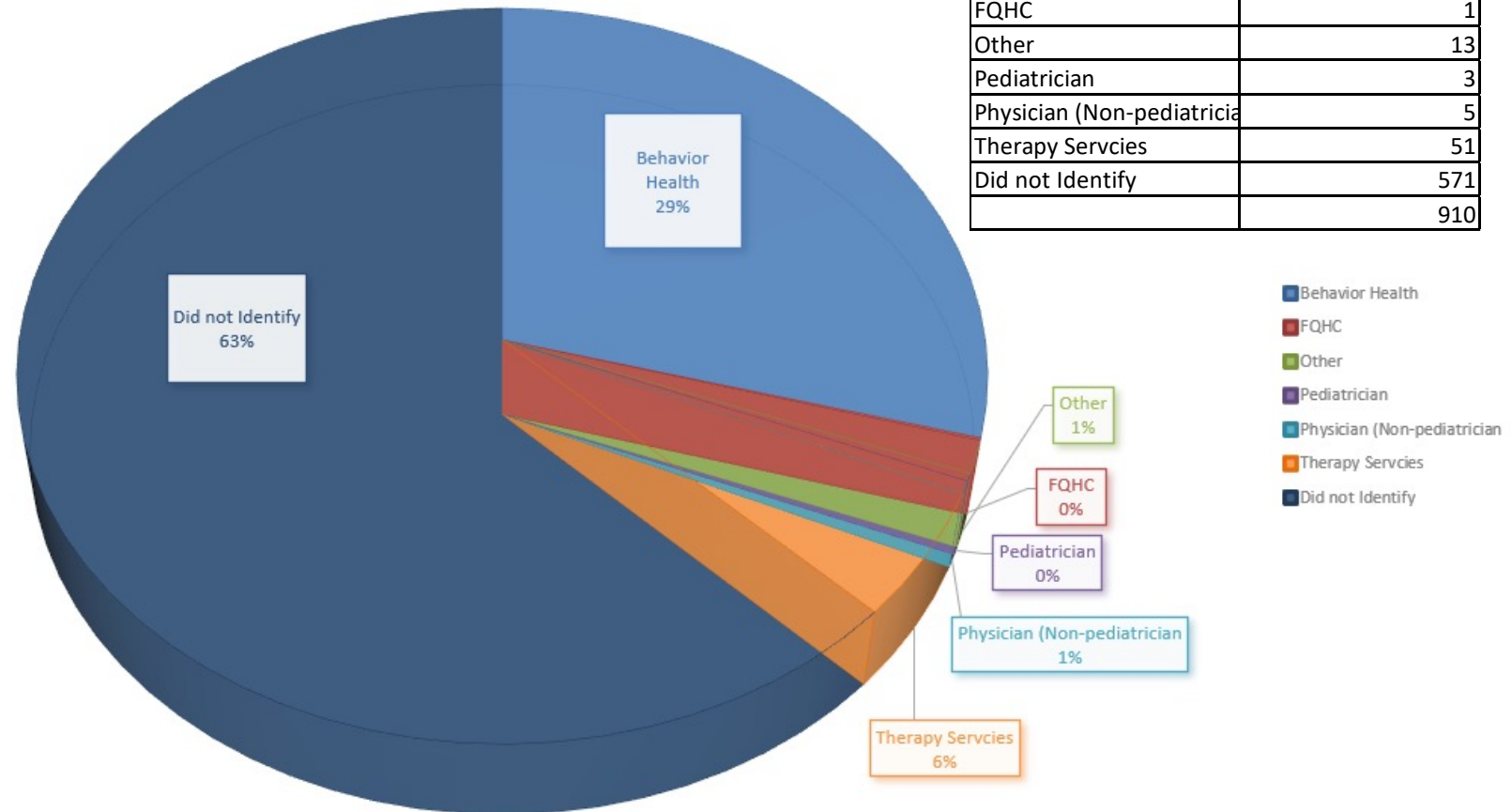


# Survey Results



# Provider Participation

NUMBER PARTICIPATED





# Survey Results- Comments

- ❖ 101 providers out of 910 providers submitted comments
- ❖ 35 Members ,Parents, Caregiver, etc. provided comments
- ❖ Enjoy and appreciate the services to Doesn't meet the needs for my child



# Survey Takeaways

- Telehealth is a useful tool when applied correctly
- Each specialty and service will need to be reviewed to determine if it is in the best interest of the member to provide the service in this manner.
- Establish or refine protocols for rendering telehealth
  - OCR HIPAA requirements
  - Health and Safety requirements
  - Exclusions to the service
  - Ability for all members and providers to participate



# STATE ACTIONS – DATA/EVALUATIONS

- [Nevada SB 5](#) – Requires Dept. to establish an electronic tool to analyze certain data concerning access to telehealth and creation of a data dashboard for analysis of data related to telehealth access by different groups and populations
- [Maryland HB 123/SB 3](#) – Requires a report on the impact of providing telehealth services, shall consider both audio-only and audio-visual technologies
- [Minnesota HF 33](#) – Requires study on the impact of telehealth expansion and payment parity on the coverage and provision of health care services under public health care programs. The study must review and make a number of recommendations relating to specified issues such as payment parity and audio-only policy impacts.

# STATE ACTIONS – STAKEHOLDER ENGAGEMENT.

## CONVENINGS

- [California AB 133](#) – Convening stakeholders to provide recommendations on establishing and adopting billing and utilization management protocols for telehealth modalities to increase access and equity and reduce disparities in the Medi-Cal program
- [Arizona HB 2454](#) – Telehealth Advisory Committee on Telehealth Best Practices shall adopt telehealth best practice guidelines and recommendations regarding the health care services appropriately provided through an audio-only telehealth format. Prior to issuing recommendations, shall analyze medical literature and national practice guidelines to consider comparative effectiveness.
- 2020 Vermont Medicaid convened a meeting to discuss audio-only. [Report](#)

# STATE ACTIONS – EXISTING STATE GROUPS/SURVEY

- [Maine Telehealth and Telemonitoring Advisory Group](#) meets once a year to evaluate technical difficulties related to telehealth and made recommendations to the department to improve telehealth services statewide.
- [Texas e-Health Advisory Committee](#) advises on development, use, and long-range plans for telehealth.
- [DC Telemedicine Program Evaluation Survey](#) – As a condition of participation, Medicaid providers delivering services via telemedicine are required to respond to requests for information in the form of a telemedicine program evaluation survey from the Department of Health Care Finance. The survey aims to evaluate the utilization of telemedicine services among the Medicaid beneficiaries.

# One Year Off Mute: An Evaluation of Telemedicine in Colorado Medicaid

**Tracy Johnson**  
Medicaid Director

**Tamara Keeney**  
Research & Analysis Manager



# Today's Agenda

- Highlight key findings from HCPF's telemedicine evaluation
  - Who used telemedicine? Which services were used?
- Explore how changes in telemedicine utilization have potentially impacted emergency department visits
- Learn how no-show rates changed during the pandemic and the subsequent expansion of telemedicine
- Discuss current work on e-Health Entities

# Telemedicine Policy Changes

	Pre-Pandemic Period	Pandemic Period
Modality	Audio/visual (video)	Audio/visual (video), audio only, live chat
Provider Type	Federally Qualified Health Center (FQHCs), Rural Health Clinics (RHCs), Indian Health Services (IHS) could <b>NOT</b> bill a separate encounter	FQHCs, RHCs, IHS <b>CAN</b> bill a separate encounter
Payment Parity	In-person paid same as telemedicine.	In-person paid same as telemedicine.



# Evaluation Approach

## Goal

Evaluate impacts of telemedicine expansion to inform future policy changes (both PHE and non-PHE specific)

## Methods

- Analyzed fee-for-service telemedicine utilization dashboard and emergency department dashboard
- Fielded and analyzed member survey
- Interviewed providers
- Literature review and contracted work

## Time Period

- Report online is through August 22nd, 2020
- Presentation's data is updated through March 14th, 2021

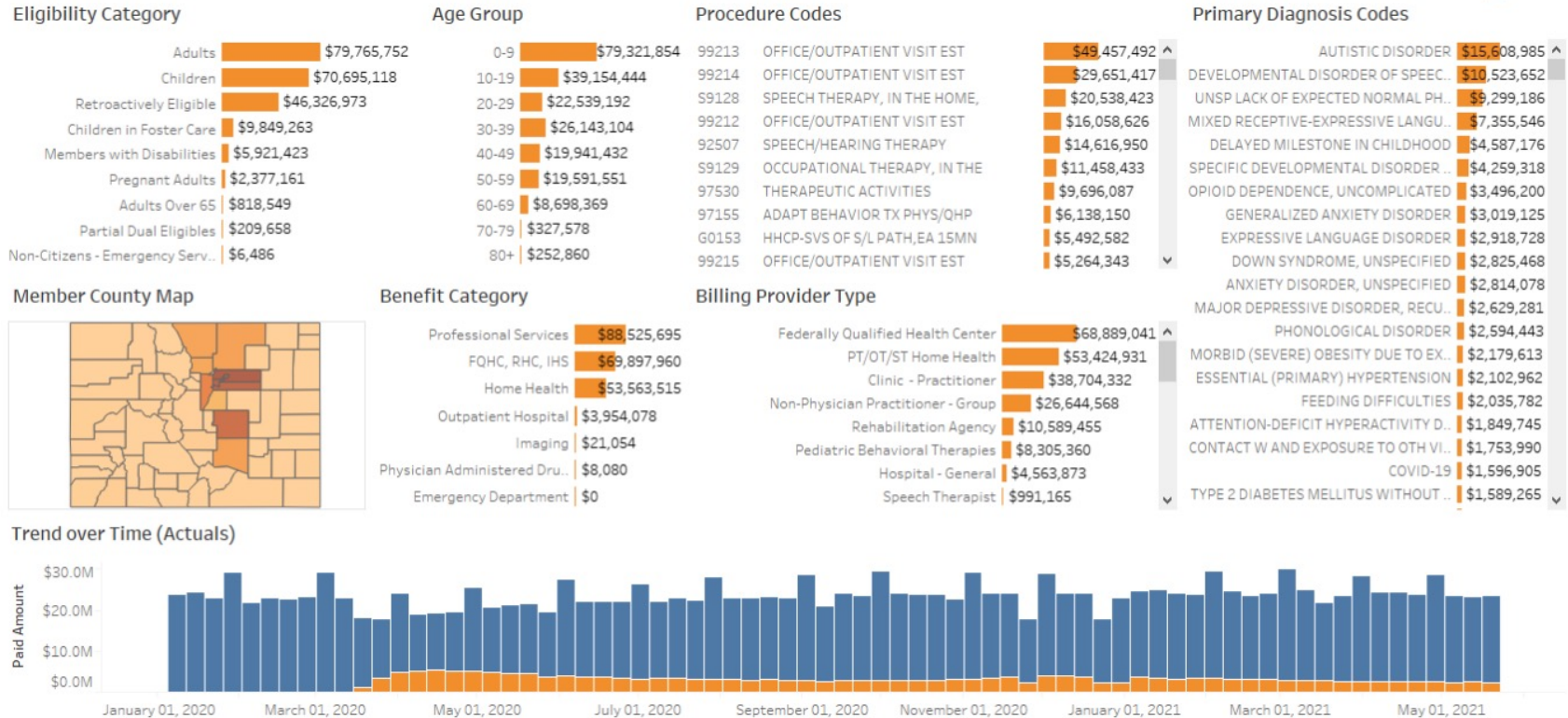
# Utilization Analysis

Who used telemedicine? Which services were accessed? What does utilization look like for adults vs children?

# Utilization Dashboard

## Outpatient and Professional Services Eligible for Telemedicine

Service Type  
■ Not Telemedicine  
■ Telemedicine

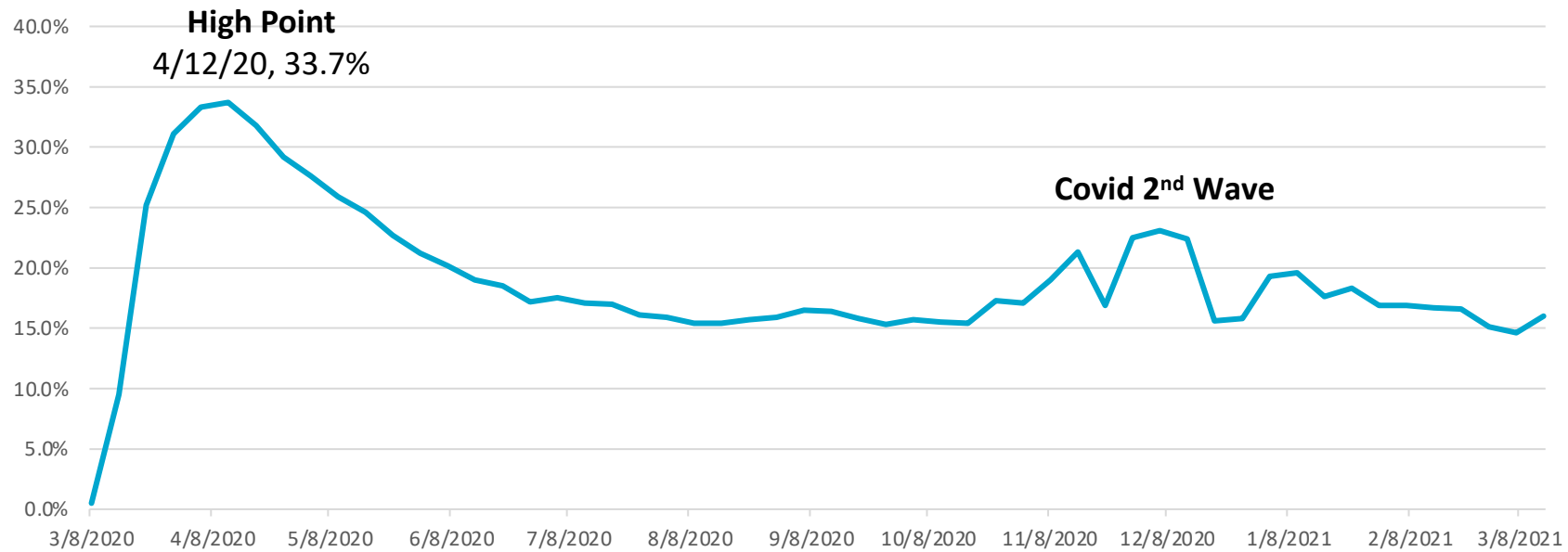


Access updates slides bimonthly here: <https://hcpf.colorado.gov/provider-telemedicine>



# Utilization Growth

Percentage of Eligible Fee-for-Service Visits Conducted Via Telemedicine  
March 8, 2020 - March 14, 2021



Source: Department of Health Care Policy & Financing, Analysis of Fee-For-Service Claims



# Utilization: Children

- Children are top utilizers of telemedicine due to the types of services utilized
- Average visits per utilizer: 7.7
- Dominated by therapies (physical, occupational, speech)

## Top Five Diagnoses Associated with Telemedicine Visits for Children

	Top Telemedicine Diagnoses by Visit Count	Top Telemedicine Diagnoses by Utilizer Count
1	Mixed Expressive-Receptive Language Disorder	Mixed Expressive-Receptive Language Disorder
2	Autism Spectrum Disorder	Contact with and exposure to viral communicable disease
3	Developmental Disorder of Speech and Language	Autism Spectrum Disorder
4	Unspecified Lack of Expected Normal Development	Acute Upper Respiratory Infection
5	Specific Developmental Disorder of Motor Function	Developmental Disorder of Speech and Language

Source: Colorado Department of Health Care Policy & Financing, Analysis of Fee-For-Service Claims

# Utilization: Adults

- More variation in visit types
- Average visits per utilizer: 3.1
- Mix of chronic disease management and behavioral health

## Top Five Diagnoses Associated with Telemedicine Visits for Adults

	Top Telemedicine Diagnoses by Visit Count	Top Telemedicine Diagnoses by Utilizer Count
1	Opioid Dependence	Essential (Primary) Hypertension
2	Generalized Anxiety Disorder	Anxiety Disorder, Unspecified
3	Anxiety Disorder, Unspecified	Generalized Anxiety Disorder
4	Major Depressive Disorder, Recurring	Contact With and Exposure To Other Communicable Viruses
5	Essential (Primary) Hypertension	Type Two Diabetes

Source: Colorado Department of Health Care Policy & Financing, Analysis of Fee-For-Service Claims

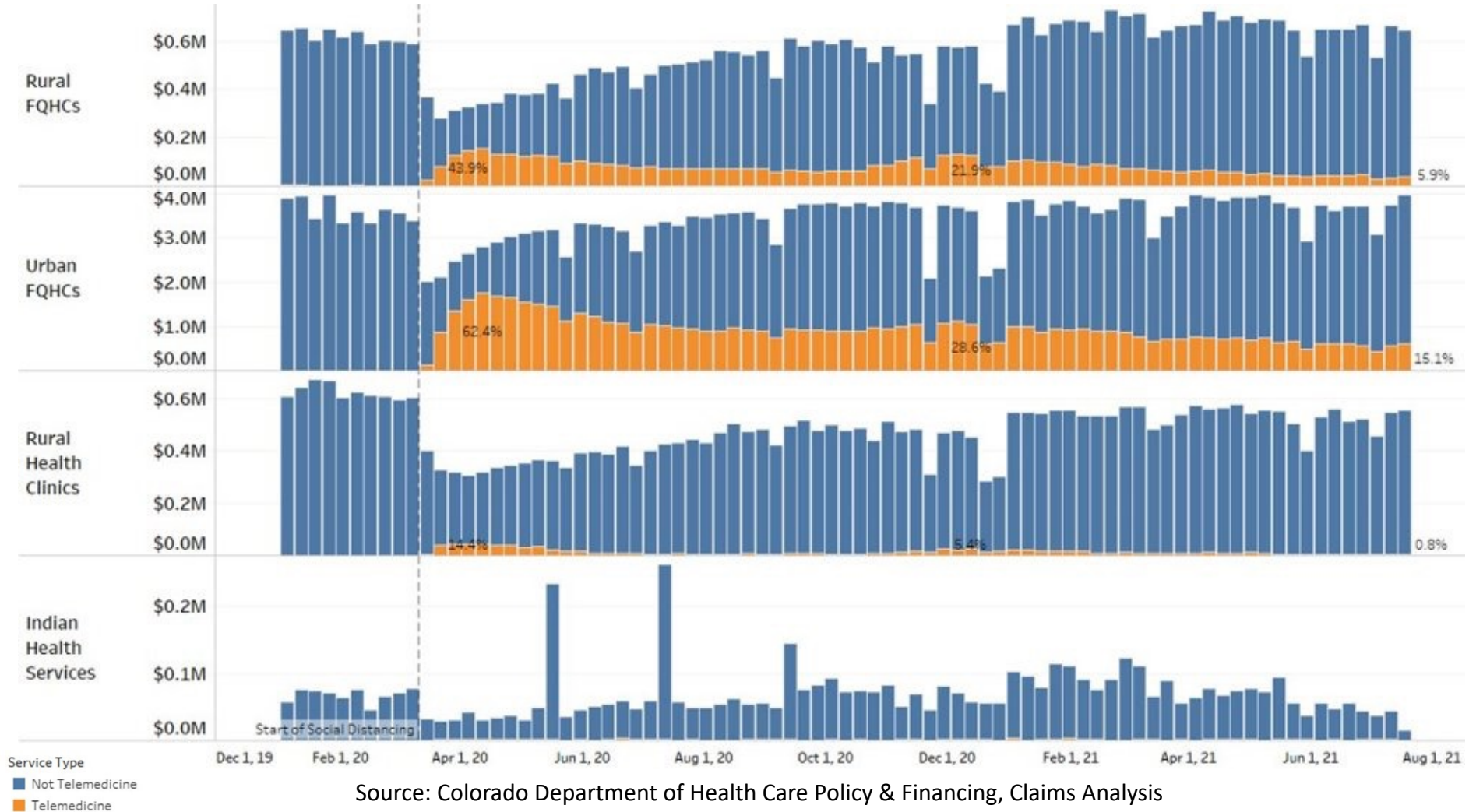


# Older Adults

- Utilization analysis
  - Ages 60+ were least likely age group to utilize telemedicine
  - Averaging around **7%** of visits via telemedicine vs **15%** for all other age groups
  - Most common visits: hypertension, diabetes, COPD, chronic pain
- Provider interviews and literature review
  - High reliance on phone only
  - Potential improvements to video technologies to accommodate needs of older adults

# Utilization: Urban vs Rural

Urban vs Rural FQHC Telemedicine Utilization, July 2019 - August 2021



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

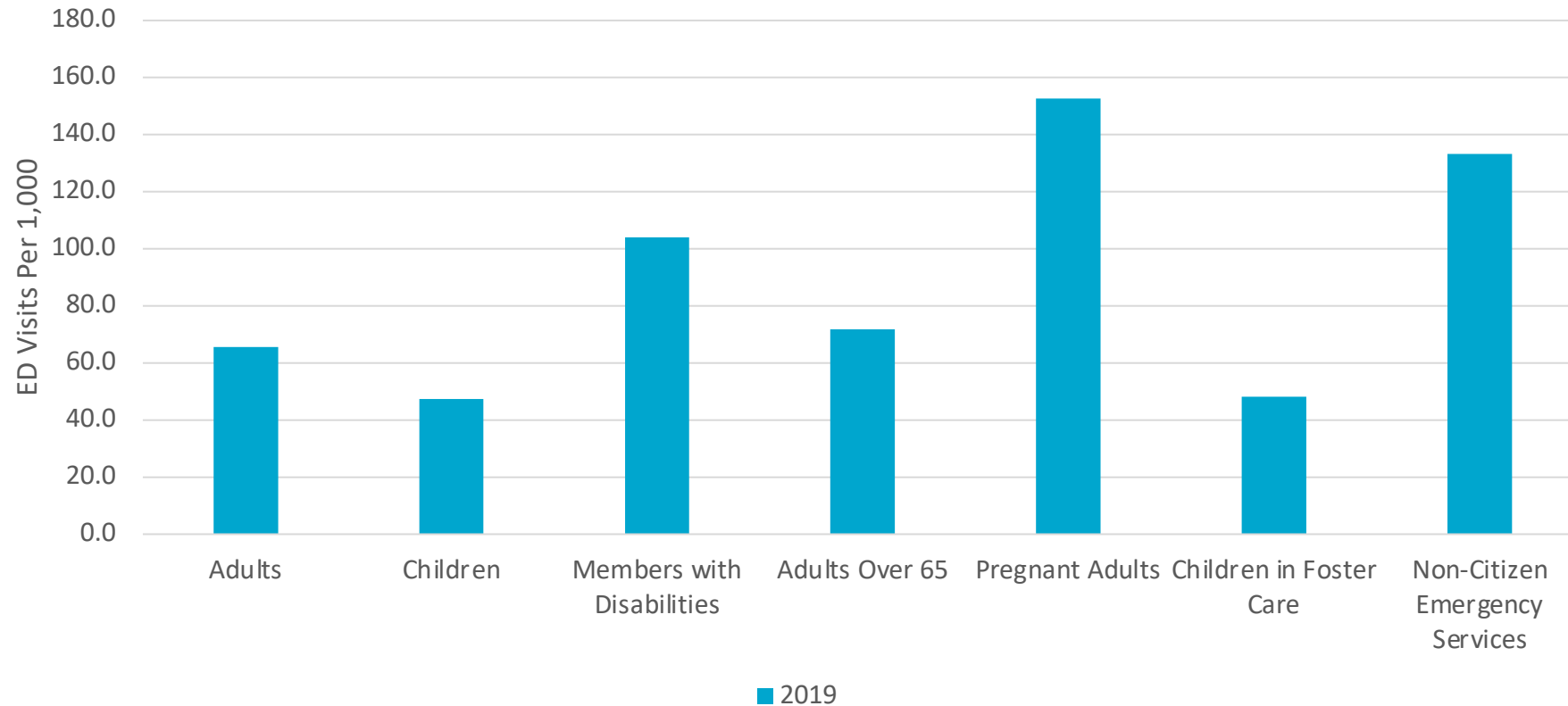


# Emergency Department Analysis

How did increased access to telemedicine  
impact emergency department utilization?

# Emergency Department Trends

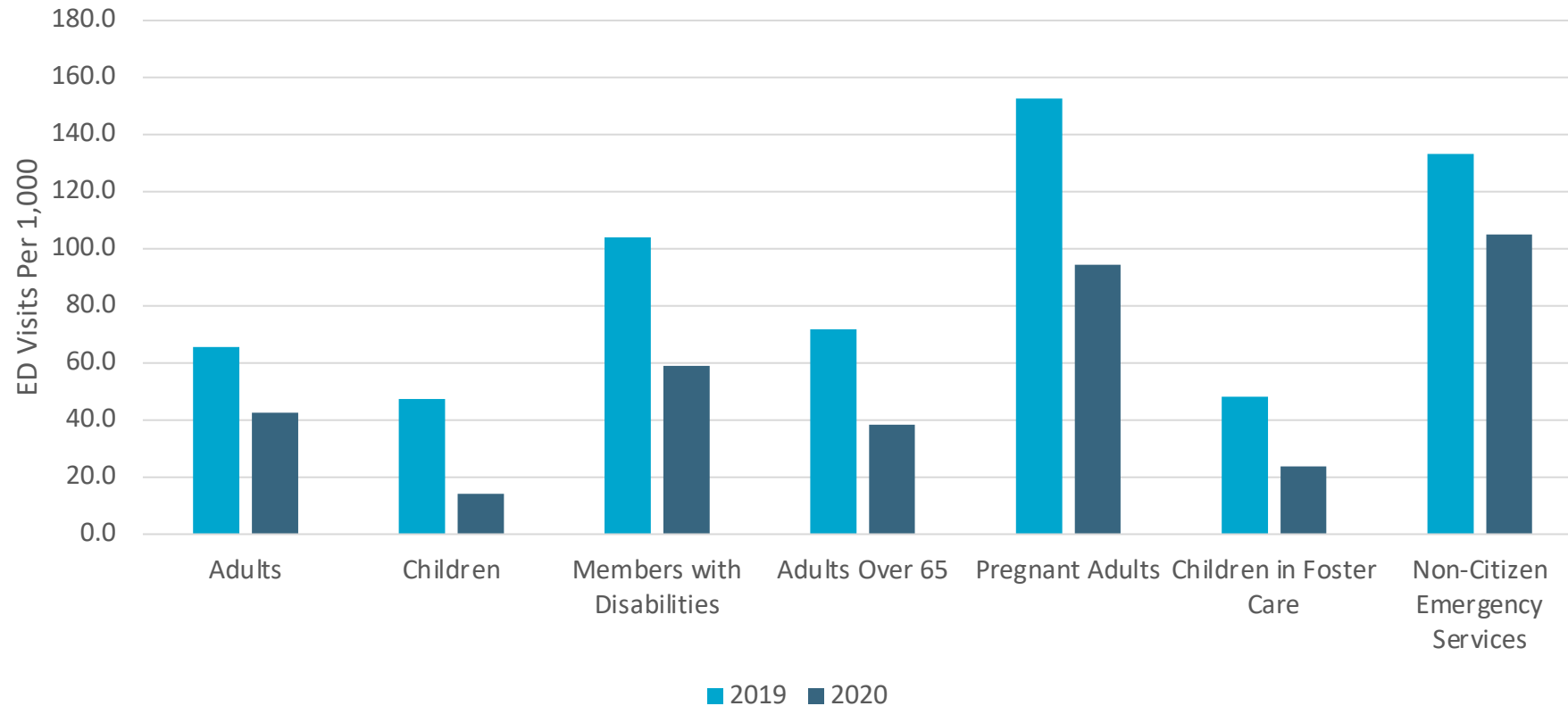
Emergency Department Visits Per 1,000: April 2019



Source: Colorado Department of Health Care Policy & Financing

# Emergency Department Trends

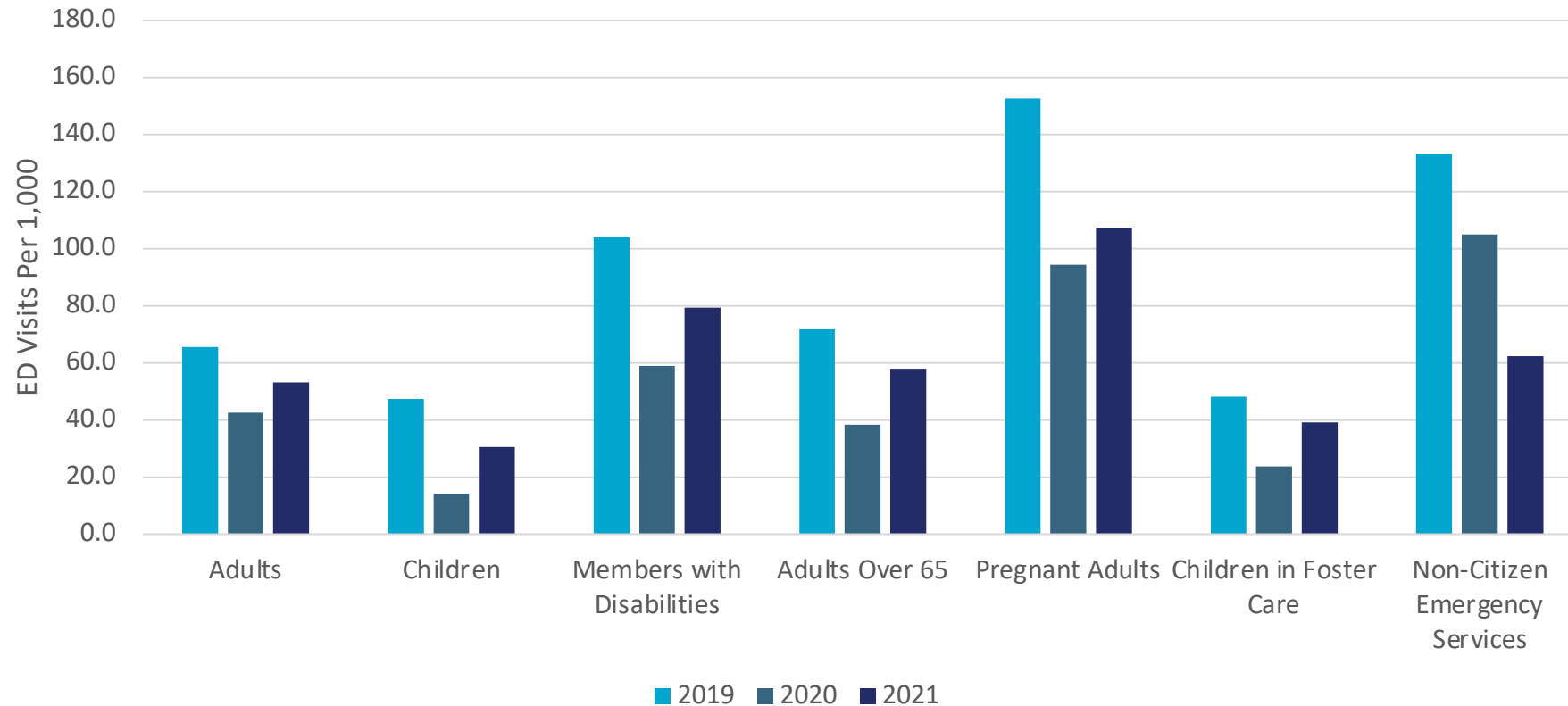
Emergency Department Visits Per 1,000: April 2019 vs April 2020



Source: Colorado Department of Health Care Policy & Financing

# Emergency Department Trends

Emergency Department Visits Per 1,000: April 2019 vs April 2020 vs April 2021



Source: Colorado Department of Health Care Policy & Financing

# Emergency Department Trends

Rank	3/15/19 – 3/14/20		3/15/20 – 3/14/21	
	Diagnosis Group	Count of Visits	Diagnosis Group	Count of Visits
1	Abdominal pain	64,502	Abdominal pain	48,311
2	Other upper respiratory infection	48,343	Nonspecific chest pain	23,796
3	Other lower respiratory disease	31,687	Superficial injury, contusion	20,687
4	Superficial injury; contusion	29,722	Other injuries and conditions due to external causes	19,212
5	Nonspecific chest pain	28,253	Alcohol-related disorders	18,480
6	Sprains and strains	25,936	Sprains and strains	17,998
7	Other injuries and conditions due to external causes	23,603	Other upper respiratory infection	16,092
8	Headache, including migraine	21,820	Other lower respiratory disease	15,487
9	Spondylosis; other back problems	20,859	Skin and subcutaneous tissue infections	15,461
10	Fever of unknown origin	20,252	Spondylosis; other back problems	15,009

Source: Colorado Department of Health Care Policy & Financing



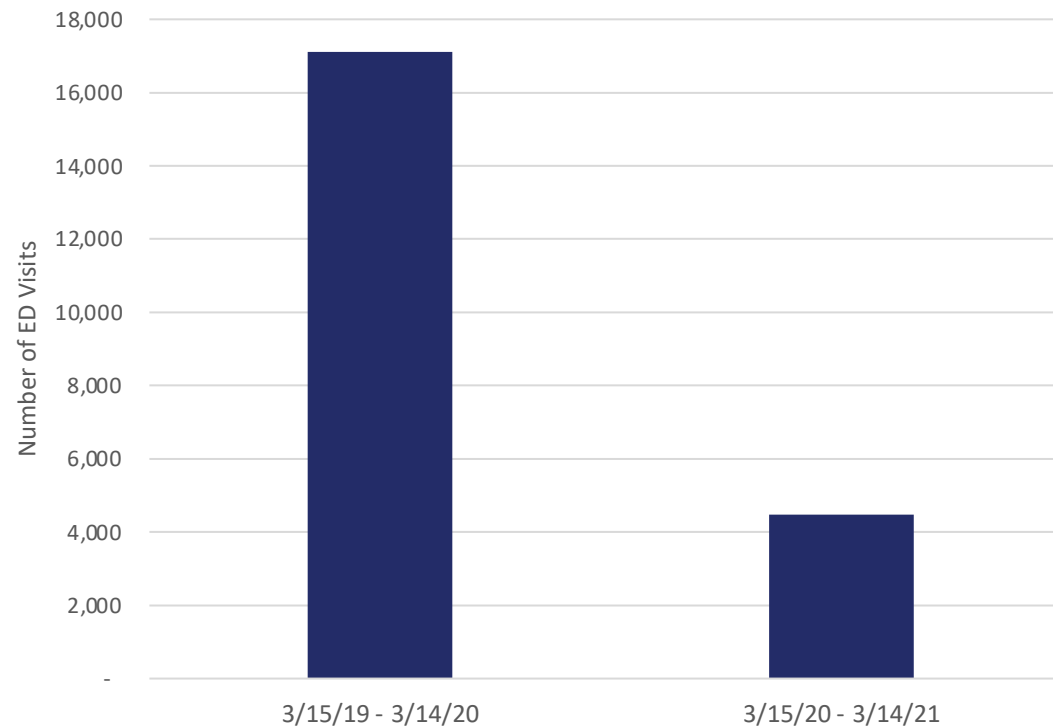
# Emergency Department Trends

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# Emergency Department Trends

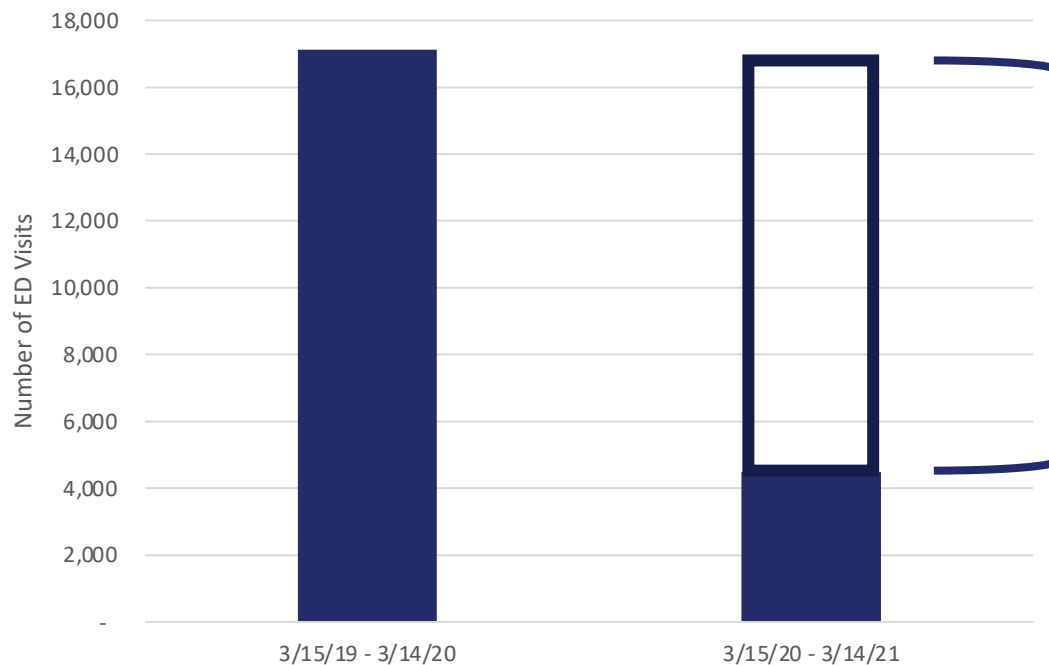
Number of ED Visits for Acute Pediatric Upper Respiratory Infections, 19/20 vs 20/21



Source: Colorado Department of Health Care Policy & Financing

# Emergency Department Trends

Number of ED Visits for Acute Pediatric Upper Respiratory Infections,  
19/20 vs 20/21



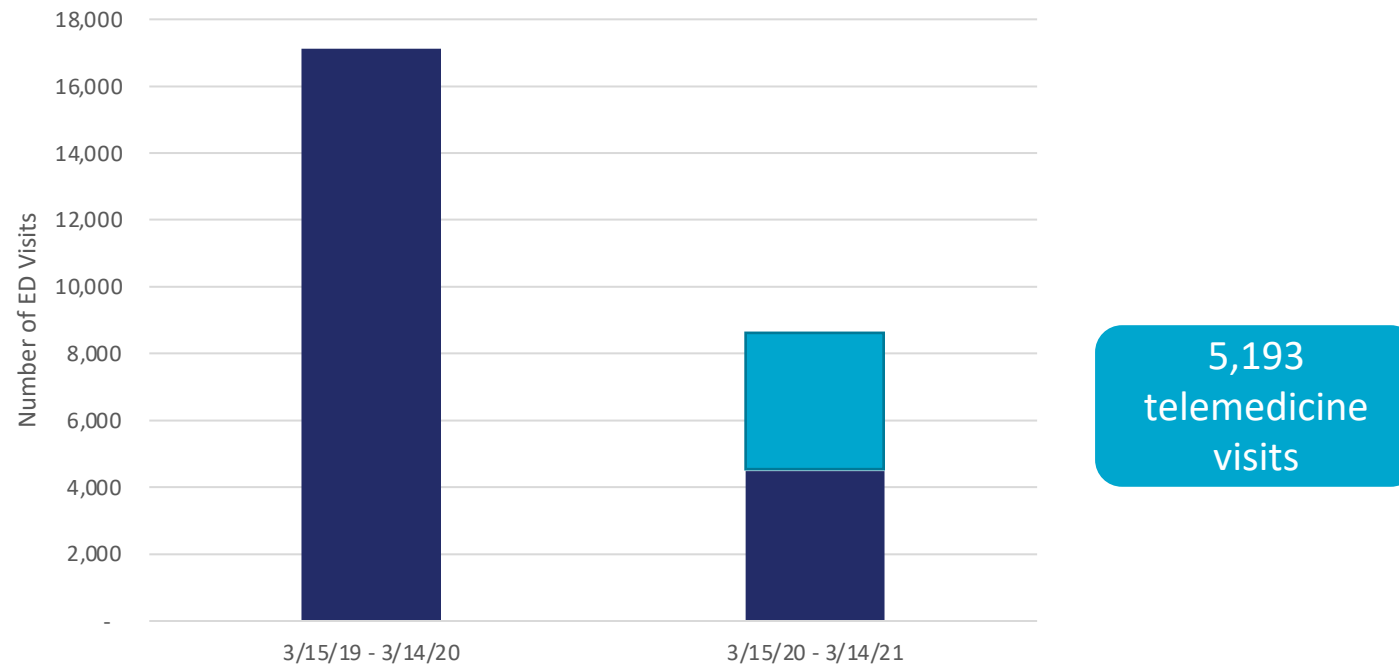
- Fear of exposure to Covid during ED visit
- Fewer cases: children out of school and daycare, social distancing, masking, etc
- Visits happening elsewhere (telemedicine)

Source: Colorado Department of Health Care Policy & Financing



# Emergency Department Trends

Number of ED Visits for Acute Pediatric Upper Respiratory Infections, 19/20 vs 20/21



Source: Colorado Department of Health Care Policy & Financing

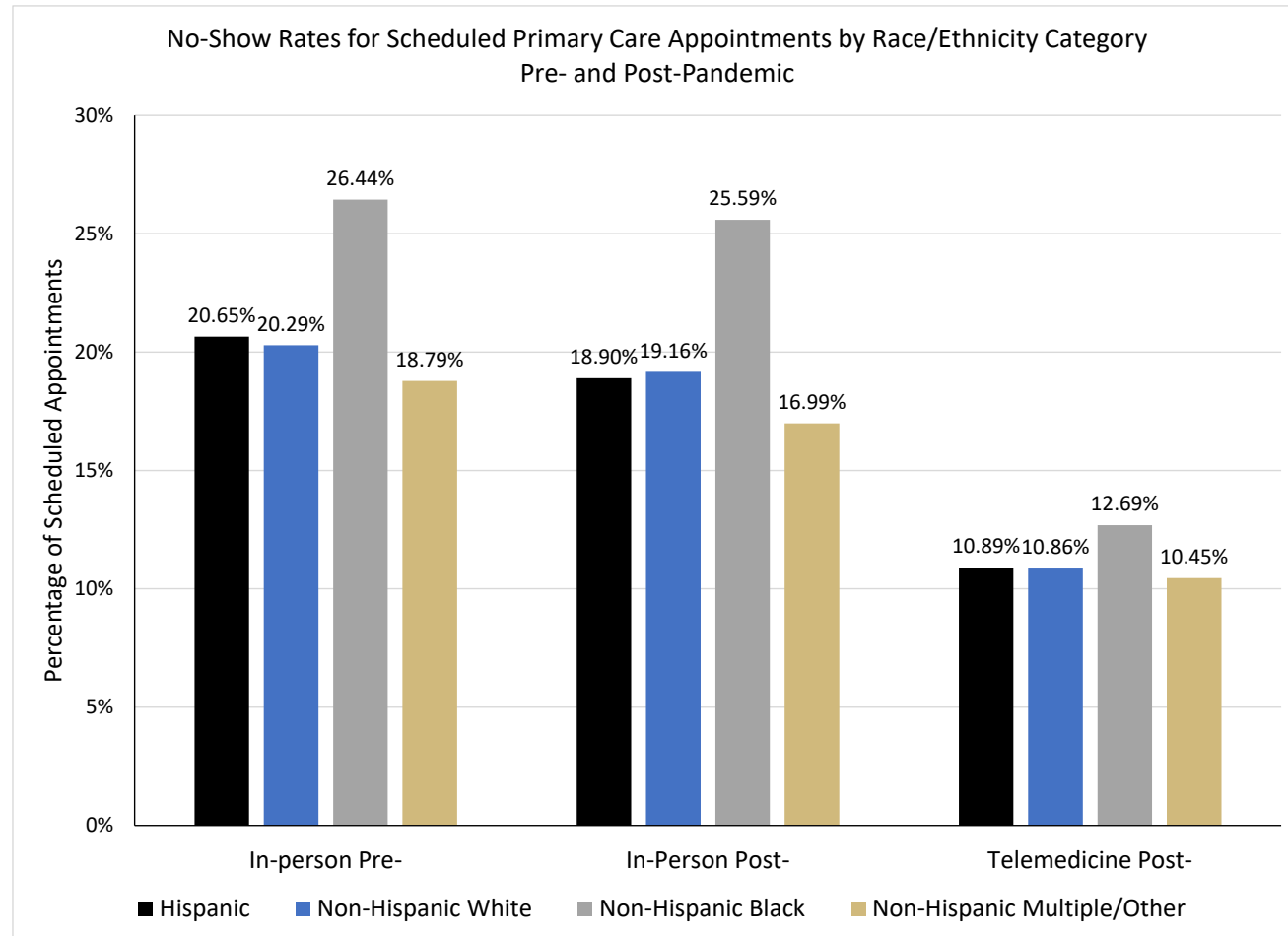
# No-Show Rates



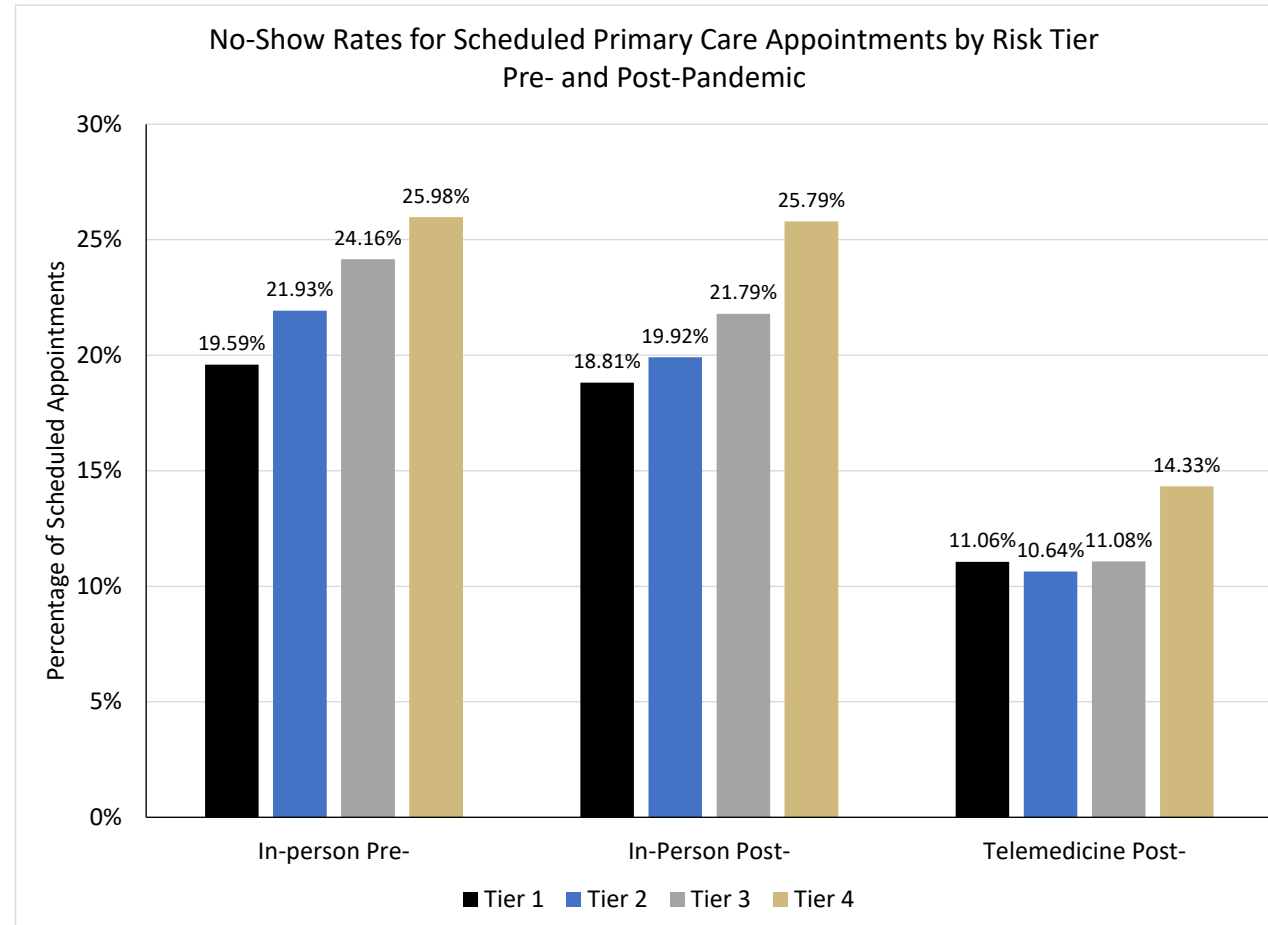
# No Show Research Project

- Research question: Did increased access to and utilization of telemedicine lead to a reduction in no-show rates? Did it have equal impact across populations?
- Data Sources
  - Denver Health appointment and EHR data
- Partnership with the Farley Health Policy Center at the University of Colorado
- Funded by the Colorado Office of State Budget and Planning

# Telemedicine reduced racial/ethnic disparities in no-show rates for primary care



# Telemedicine reduced disparities in PC no-show rates for medically complex patients



# Current Department Work

Legislation enacted that gives the Department the authority to set rules designed to guide provider entities that operate exclusively or predominately via telemedicine.

- Create definition for e-Health Entities
- Better utilization monitoring
- Create policy that supports member access and appropriate care while supporting the medical home

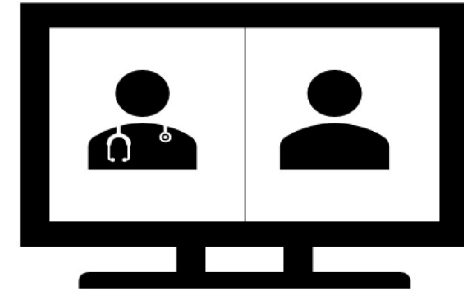
# Approach



Brick-and-mortar clinic/organization with telemedicine completely integrated



Brick-and-mortar clinic/organization with separate telemedicine division with a telemedicine provider service



No brick-and-mortar clinic, only telemedicine service

# Draft Definition

## Electronic Health (e-Health) Entity:

Practice that provides services only through telemedicine and does not provide in-person services to Colorado Medicaid members.



# Future Evaluation

- Behavioral health
- Telemedicine models
- Race/ethnicity and language utilization trends
- Big outstanding question: quality of telemedicine services



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**Full Evaluation:**  
<https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20Telemedicine%20Evaluation%20March%208%2C%202021.pdf>

# Panel Q&A

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

# Thank You!



Tracy Johnson, PhD

Medicaid Director

Colorado Department of Health Care Policy & Financing

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Tamara Keeney

Research & Analysis Manager

Colorado Department of Health Care Policy & Financing

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# Webinar Recordings and Resources

The screenshot shows the CCHP website's search results page. At the top, there is a navigation bar with the CCHP logo and links for ABOUT, TELEHEALTH POLICY, PROJECTS, RESOURCES, and CONTACT. A search bar is located on the right side of the navigation bar. Below the navigation bar, the page title is 'Resources Results'. The main content area 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 description states: 'CCHP's executive director reviews the current status of telehealth policy in 2020 and what lies ahead.' Below the description is a link: 'View the slides of the presentation here.' The second result is a video titled 'VIDEO: 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 search results, there is a search bar with the placeholder text 'ENTER A SEARCH TERM...'. Below the search bar is a 'Filter Resource Results' section with several checkboxes: 'Bill Analysis', 'Fact Sheet', 'Legislative / Regulatory Update', 'News', 'Newsletter', 'Report, Publication & Policy Brief', and 'Video'. The 'Video' checkbox is checked. There is a 'GO' button below the filters and a '> CITE CCHP' button next to the 'Fact Sheet' checkbox.

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



Ivanora Alexander

Executive Director

Office for the Children with Special Health Care Needs

Kentucky Cabinet for Health and Family Services

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Jan Withers

Director, Division for Services for the Deaf and Hard of Hearing

North Carolina Department of Health and Human Services

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# EVALUATION FORM

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

Thank you and have a great day!