Medicaid Telehealth Permanent Policies

October 8, 2021

Center for Connected Health Policy
The National Telehealth Policy Resource Center

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

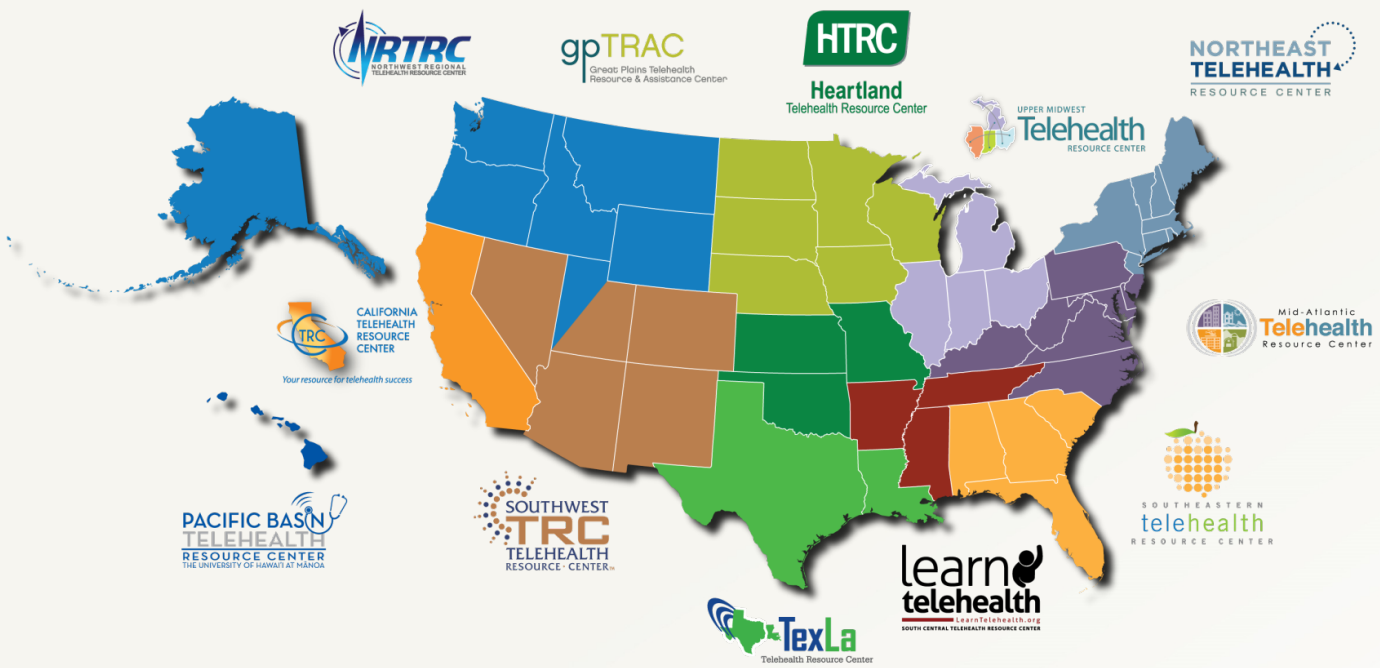
- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition

California Telehealth Policy Coalition

TRC TELEHEALTH RESOURCE CENTERS

NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



TTAC TelehealthTechnology.org

Center for Connected Health Policy

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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The National Telehealth Policy Resource Center

Telehealth & Medicaid: A Policy Webinar Series

Image source: American Psychological Association

Subscribe to CCHP's newsletter for news of the next series!

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

Lori Coyner, MA
Senior Medicaid Policy Advisor
Oregon Health Authority

Shannon Dowler, MD
Chief Medical Officer
North Carolina Medicaid
Department of Health and Human Services

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

Center for Connected Health Policy
The National Telehealth Policy Resource Center

Telehealth in Oregon: the evolving Medicaid policy landscape

Center for Connected Health Policy

October 8, 2021

Lori Coyner, Senior Medicaid Policy Advisor

Oregon Health Authority

Today

Overview of Oregon Health Plan and Oregon Health Authority

Telehealth current state, opportunities, and risks

OHA Telehealth Policy Framework

Oregon Medicaid policy landscape

Oregon Health Plan provides 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

Oregon Health Authority

Oregon Health Authority's (OHA) strategic goal is to eliminate health inequities in Oregon by 2030

Health equity defined:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

The equitable distribution or redistribution of resources and power; and

Recognizing, reconciling and rectifying historical and contemporary injustices.

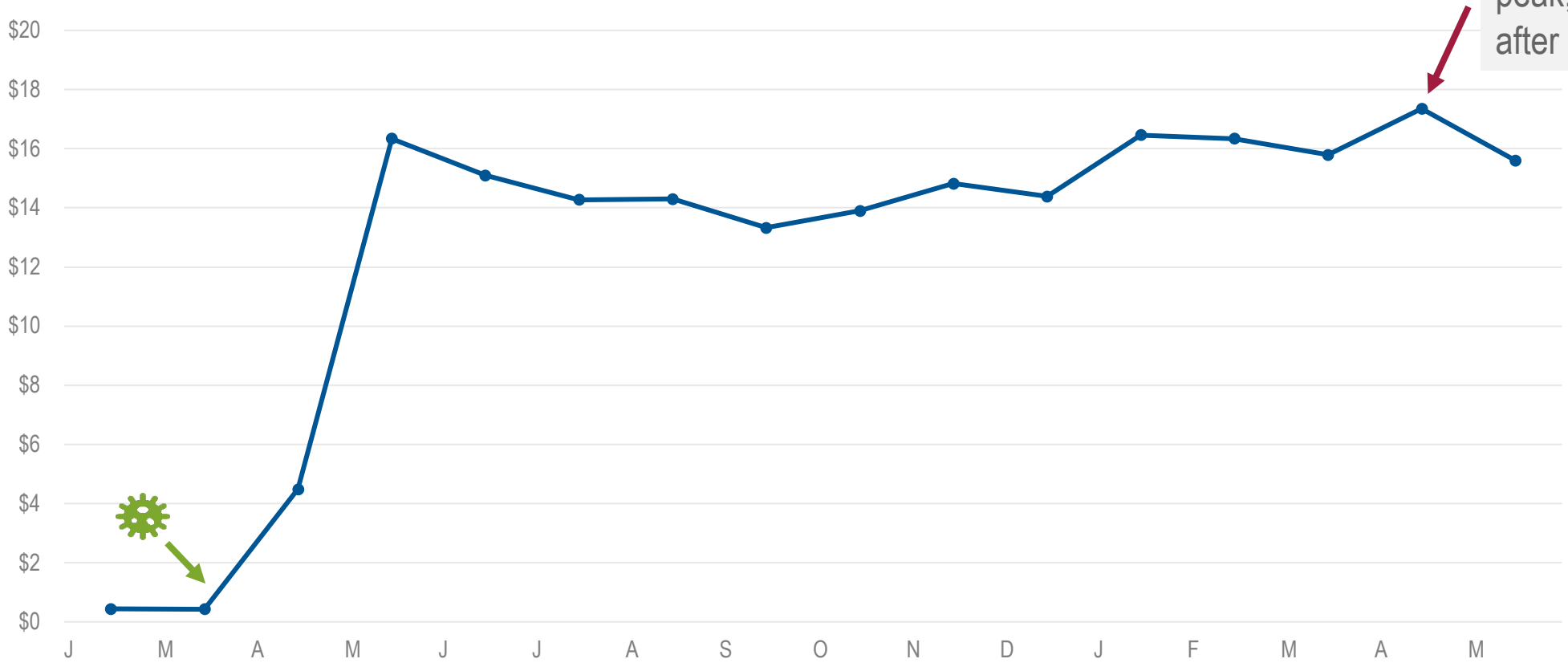
--Oregon Health Policy Board, Health Equity Committee

Telehealth in Oregon

Current state, opportunities and risks

Telehealth use increased dramatically early in the pandemic, and remains high

Figures are in millions
Data source: MMIS



Telehealth's second peak, more than a year after COVID hit

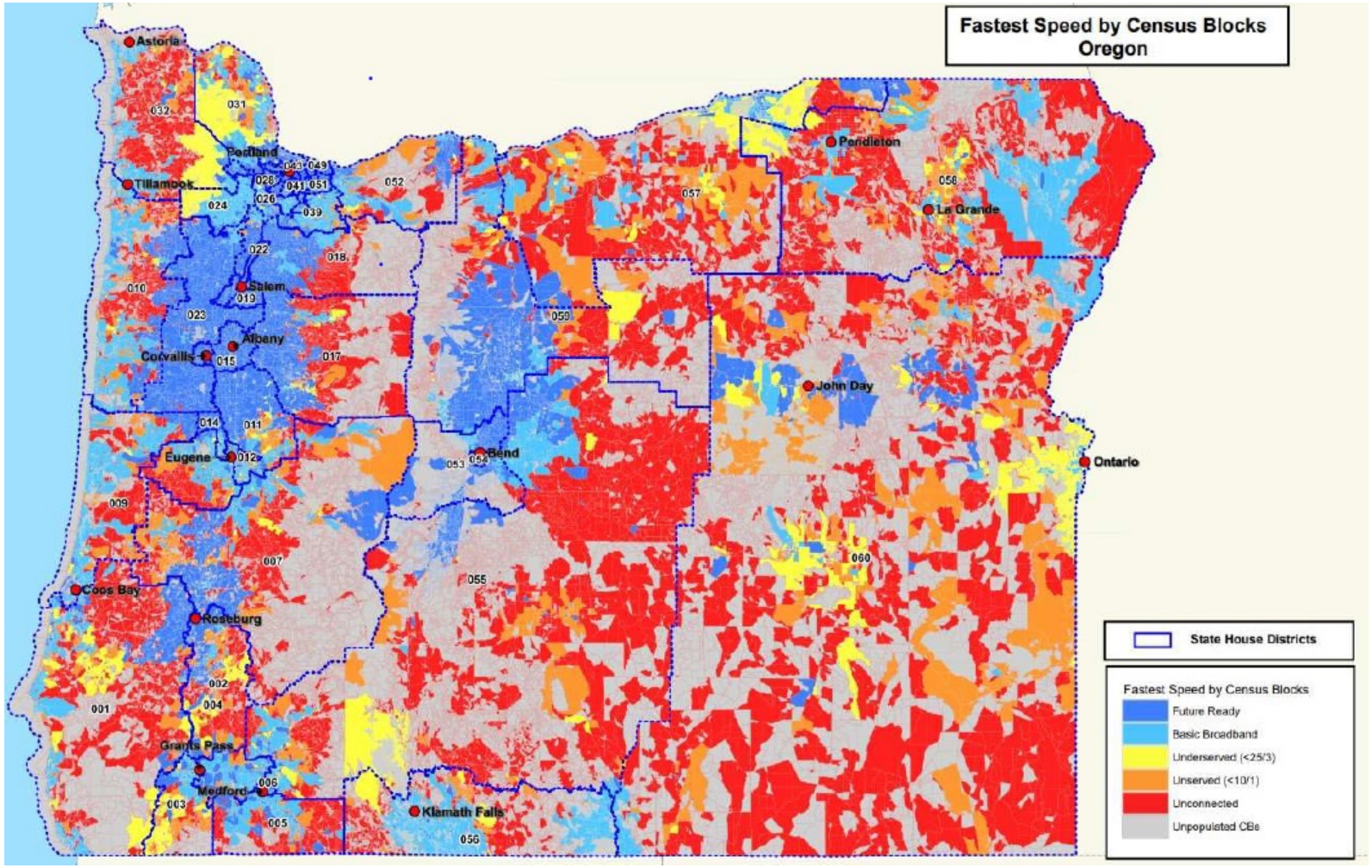
*Note: Data reflect claims and encounters submitted to OHA as of 08/03/2021. Data may be incomplete, especially for the most recent month

About 40% of telehealth visits in Oregon Medicaid occur by audio-only telephone*

*Data source: MMIS. Note – this data includes only audio-visual and audio visits (e.g. does not include other types of telehealth such as e-visits, store and forward, remote patient monitoring). No audits have been performed on this data.

Oregon Health Authority

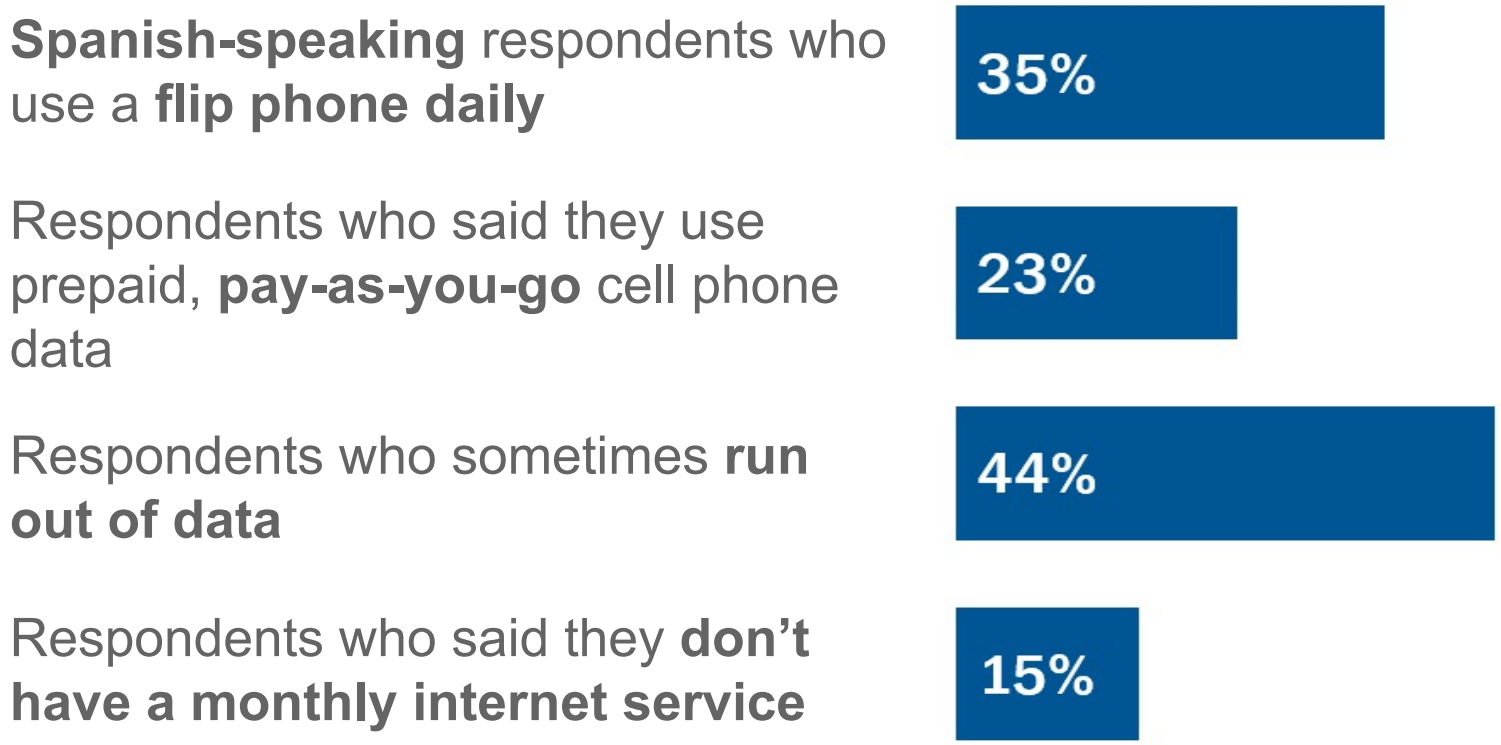
95% of Oregonians live in areas with basic broadband, but the distribution reflects the urban/rural divide



Source: Oregon Broadband Advisory Council 2020 Report https://www.oregon4biz.com/Broadband-Office/OBAC/Reports/BroadbandRpt2020.pdf

In a recent survey of Oregon WIC participants, the data reflects inequities

90% of those surveyed have a smart phone and use it daily, but...



Source: Oregon telehealth readiness study, Oregon WIC Program, OHA Public Health Division

Oregon Health Authority

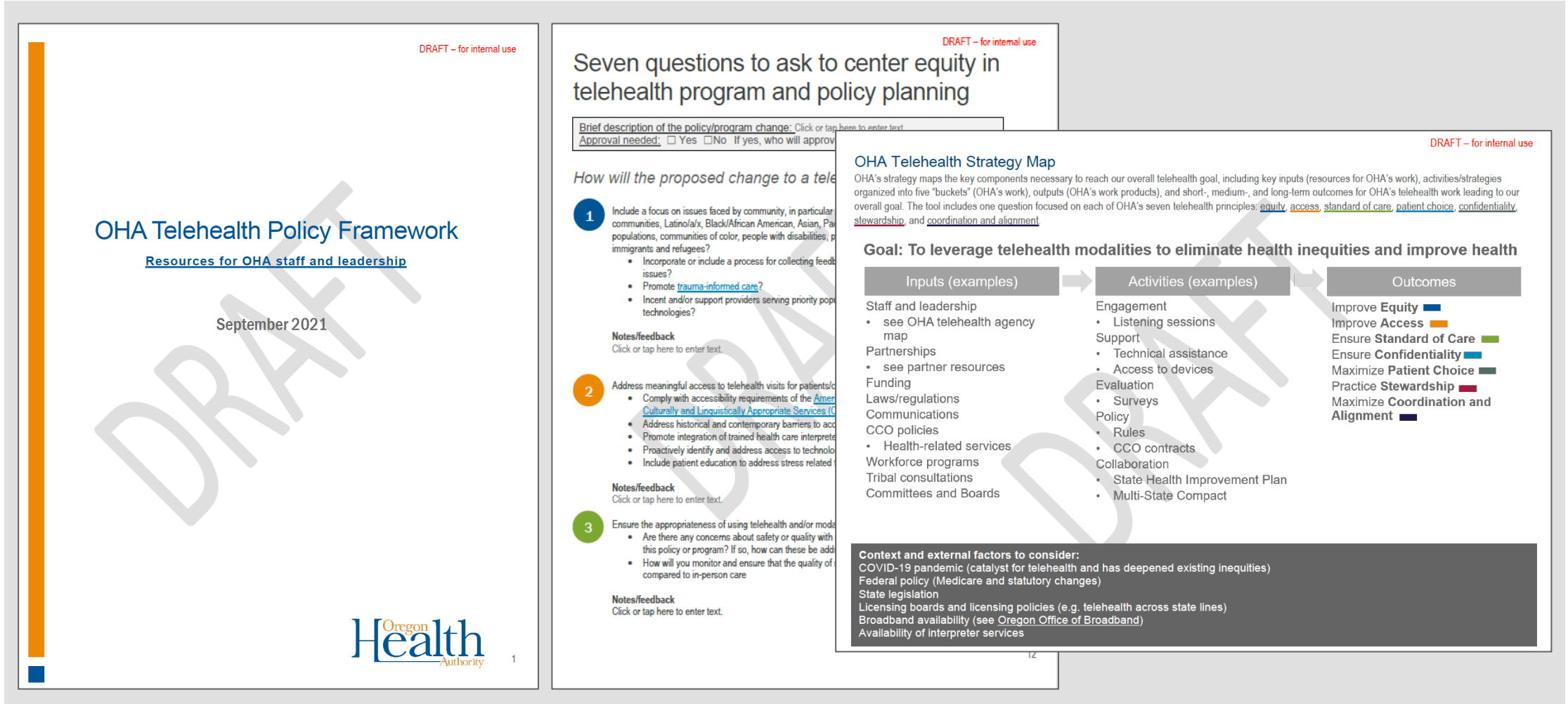
Telehealth has the potential to exacerbate health inequities if opportunities aren't realized and risks aren't avoided

- ↑ Health care access
- ↑ Culturally and linguistically responsive care
- ↑ In-home care and community-based services

- ↑ Inequities in access to telehealth due to lack of access to broadband, devices, data literacy
- ↓ Decreased access to in-person visits

OHA Telehealth Policy Framework

OHA's Telehealth Policy Framework is an internal resource to guide program and policy work



DRAFT – for internal use

OHA Telehealth Policy Framework

Resources for OHA staff and leadership

September 2021

Oregon Health Authority

1

DRAFT – for internal use

Seven questions to ask to center equity in telehealth program and policy planning

Brief description of the policy/program change: Click or tap here to enter text.
Approval needed: ☐ Yes ☐No If yes, who will approv

How will the proposed change to a tele

1 Include a focus on issues faced by community, in particular communities, Latino/a/x, Black/African American, Asian, Pa populations, communities of color, people with disabilities, p immigrants and refugees?
- Incorporate or include a process for collecting feedb issues?
- Promote trauma-informed care?
- Incent and/or support providers serving priority popu technologies?

Notes/feedback
Click or tap here to enter text.

2 Address meaningful access to telehealth visits for patients/c
- Comply with accessibility requirements of the Amer Culturally and Linguistically Appropriate Services (C
- Address historical and contemporary barriers to acc
- Promote integration of trained health care interprete
- Proactively identify and address access to technolo
- Include patient education to address stress related

Notes/feedback
Click or tap here to enter text.

3 Ensure the appropriateness of using telehealth and/or moda
- Are there any concerns about safety or quality with this policy or program? If so, how can these be add
- How will you monitor and ensure that the quality of compared to in-person care

Notes/feedback
Click or tap here to enter text.

12

DRAFT – for internal use

OHA Telehealth Strategy Map

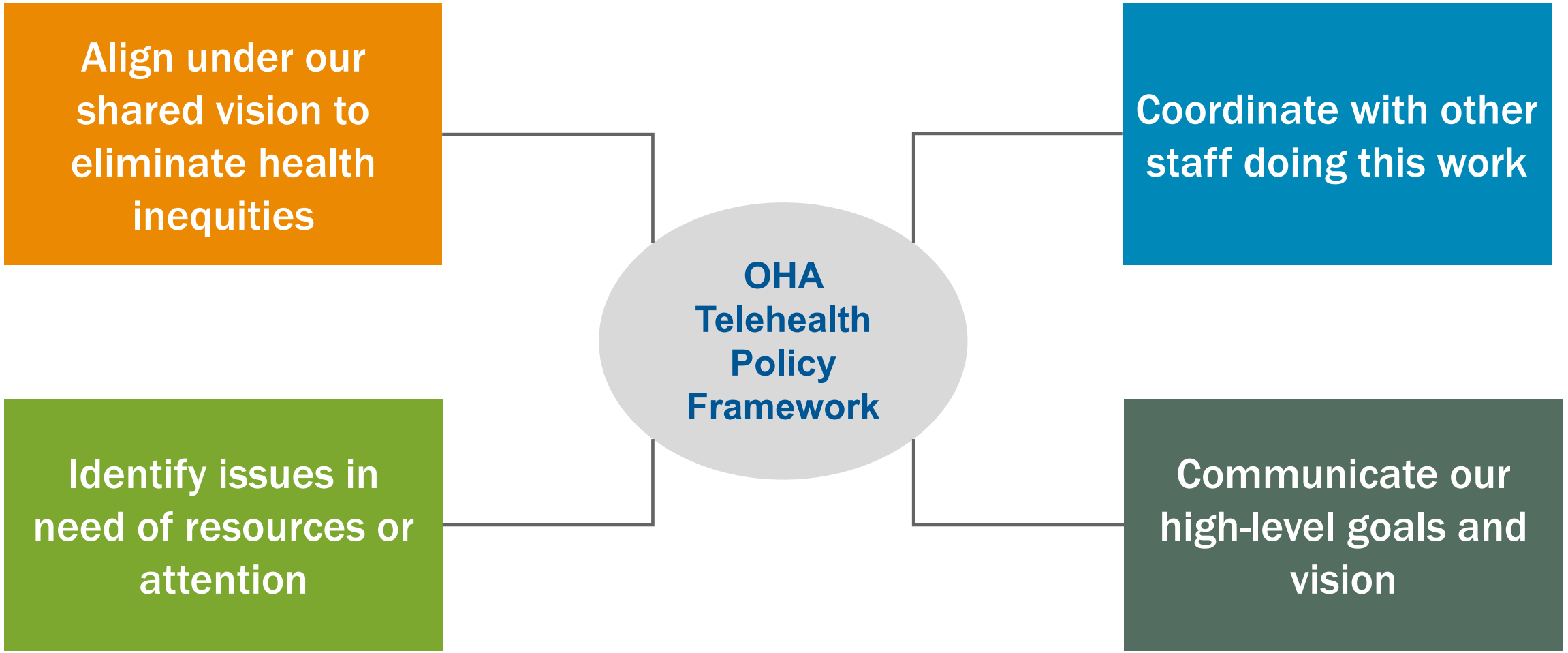
OHA's strategy maps the key components necessary to reach our overall telehealth goal, including key inputs (resources for OHA's work), activities/strategies organized into five "buckets" (OHA's work), outputs (OHA's work products), and short-, medium-, and long-term outcomes for OHA's telehealth work leading to our overall goal. The tool includes one question focused on each of OHA's seven telehealth principles: equity, access, standard of care, patient choice, confidentiality, stewardship, and coordination and alignment.

Goal: To leverage telehealth modalities to eliminate health inequities and improve health

Inputs (examples)	Activities (examples)	Outcomes
Staff and leadership • see OHA telehealth agency map Partnerships • see partner resources Funding Laws/regulations Communications CCO policies • Health-related services Workforce programs Tribal consultations Committees and Boards	Engagement • Listening sessions Support • Technical assistance • Access to devices Evaluation • Surveys Policy • Rules • CCO contracts Collaboration • State Health Improvement Plan • Multi-State Compact	Improve **Equity** Improve **Access** Ensure **Standard of Care** Ensure **Confidentiality** Maximize **Patient Choice** Practice **Stewardship** Maximize **Coordination and Alignment**

Context and external factors to consider:
COVID-19 pandemic (catalyst for telehealth and has deepened existing inequities)
Federal policy (Medicare and statutory changes)
State legislation
Licensing boards and licensing policies (e.g. telehealth across state lines)
Broadband availability (see Oregon Office of Broadband)
Availability of interpreter services

OHA developed the Telehealth Policy Framework to improve cross-agency alignment, coordination, issue identification, and communication



Framework excerpt: Telehealth Strategy Map

OHA Telehealth Goal: to leverage telehealth modalities to eliminate health inequities and improve health

Inputs (examples)	Activities (examples)	Outcomes
Staff and leadership Partnerships Funding Laws/regulations Communications CCO structure and policies Workforce programs Tribal consultations Committees and Boards	Engagement • Listening sessions Support • Technical assistance • Access to devices Evaluation • Surveys Policy • Rules • CCO contracts Collaboration • State Health Improvement Plan • Multi-State Compact	Improve **Equity** Improve **Access** Ensure **Standard of Care** Ensure **Confidentiality** Maximize **Patient Choice** Practice **Stewardship** Maximize **Coordination and Alignment**

Multi-state compact principles: CA, CO, NV, OR, WA

Framework excerpt: Seven questions to center equity in our telehealth policy and program planning

How will the proposed change to a telehealth policy or program…

1. Focus on issues faced by community, in particular communities of color and tribal communities?
2. Address meaningful access to telehealth visits for patients/clients/members, in particular priority populations?
3. Ensure the appropriateness of using telehealth and/or modality (e.g. video call) for services being delivered?
4. Protect privacy of visit and personal information?
5. Incorporate strategies to ensure patient choice of modality, including preference for in-person services?
6. Prioritize equitable access to services given any resource constraints and cost containment goals?
7. Support alignment with other efforts within OHA and by external partners?

Oregon Medicaid Policy Landscape

Medicaid policies as of January 2021

No restrictions on distant or originating sites

Telehealth allowed for new and established patients

Pay parity for telehealth and in-person (interpreters must be paid at parity)

- Audio-only requires modifier, and use if A/V not available or feasible

Patient consent required

Providers ensure meaningful access

Recent telehealth legislation passed in Oregon makes permanent many COVID-19 expansions

House Bill 2508

Expands coverage of and pay parity for telemedicine services in Oregon

Applies to commercial plans and Medicaid

Audio-only included

House Bill 2591

Funds three telehealth pilot projects for school-based health centers

School-based health center is the distant site that provides telehealth in conjunction with school nurse located at the originating site

Proposed Medicaid rule changes for 2022 focus on patient choice

Strengthen patient choice and options

Meaningful access considerations

Consent requirements

Thank You

Oregon Health Authority





NC Department of Health and Human Services

Should it Stay or Should it Go?

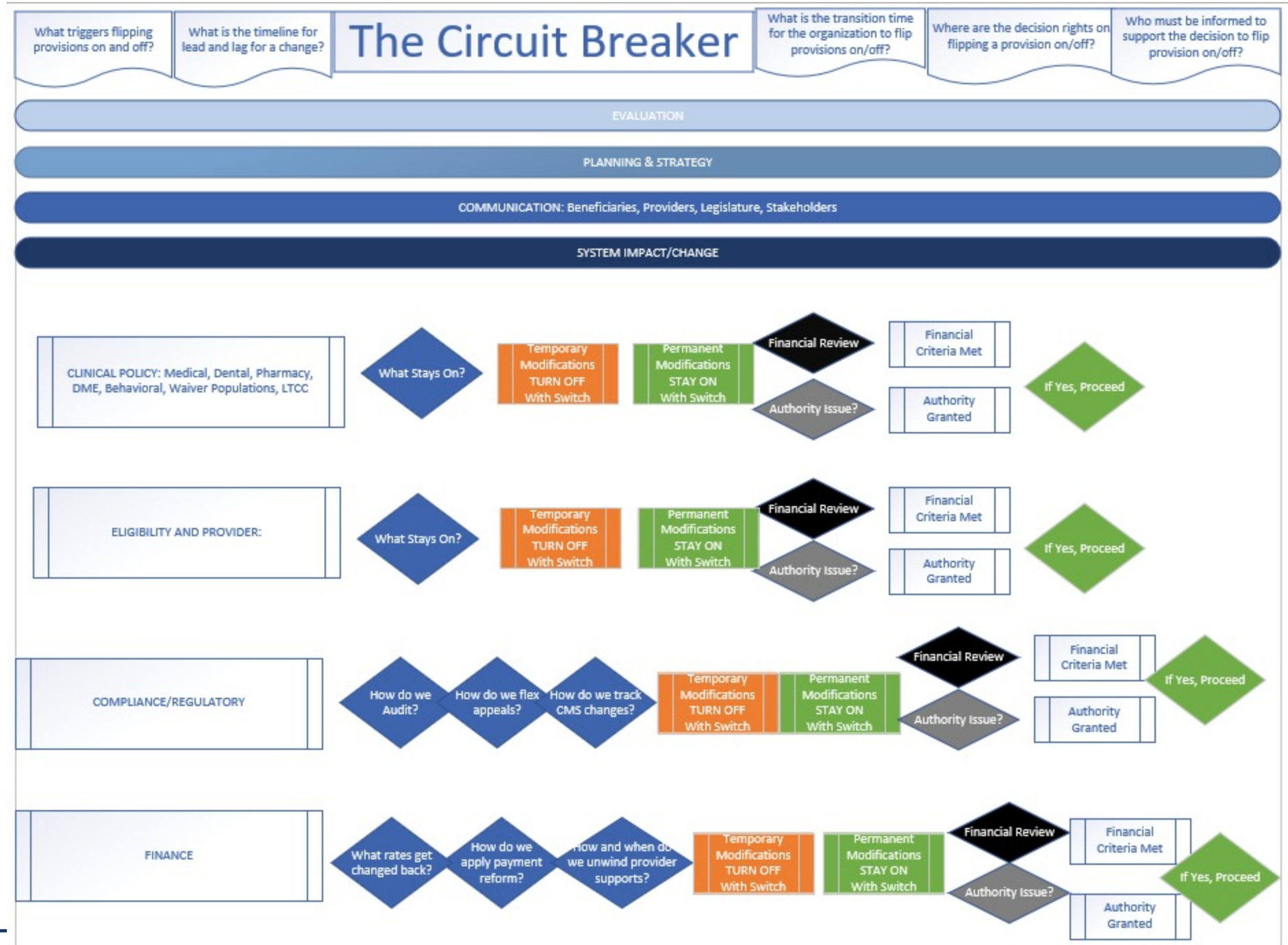
The Clash of Telehealth Post Pandemic

Shannon Dowler, MD
Chief Medical Officer
NC Medicaid

October 2021

Object (Telehealth) Permanence

- What did we consider?
- How did we make our decisions?
- What did we learn?
- Where did we struggle?
- What was unique?
- What is next?

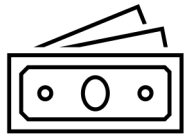

What triggers flipping provisions on and off?
What is the timeline for lead and lag for a change?
The Circuit Breaker
What is the transition time for the organization to flip provisions on/off?
Where are the decision rights on flipping a provision on/off?
Who must be informed to support the decision to flip provision on/off?
EVALUATION
PLANNING & STRATEGY
COMMUNICATION: Beneficiaries, Providers, Legislature, Stakeholders
SYSTEM IMPACT/CHANGE
CLINICAL POLICY: Medical, Dental, Pharmacy, DME, Behavioral, Waiver Populations, LTCC
What Stays On?
Temporary Modifications TURN OFF With Switch
Permanent Modifications STAY ON With Switch
Financial Review
Authority Issue?
Financial Criteria Met
Authority Granted
If Yes, Proceed
ELIGIBILITY AND PROVIDER:
What Stays On?
Temporary Modifications TURN OFF With Switch
Permanent Modifications STAY ON With Switch
Financial Review
Authority Issue?
Financial Criteria Met
Authority Granted
If Yes, Proceed
COMPLIANCE/REGULATORY
How do we Audit?
How do we flex appeals?
How do we track CMS changes?
Temporary Modifications TURN OFF With Switch
Permanent Modifications STAY ON With Switch
Financial Review
Authority Issue?
Financial Criteria Met
Authority Granted
If Yes, Proceed
FINANCE
What rates get changed back?
How do we apply payment reform?
How and when do we unwind provider supports?
Temporary Modifications TURN OFF With Switch
Permanent Modifications STAY ON With Switch
Financial Review
Authority Issue?
Financial Criteria Met
Authority Granted
If Yes, Proceed

Circuit Breaker Recommendations: Final Outcome

The Department analyzed 387 flexibilities across multiple functional areas. The summary tables below provide insight into the final recommendations.

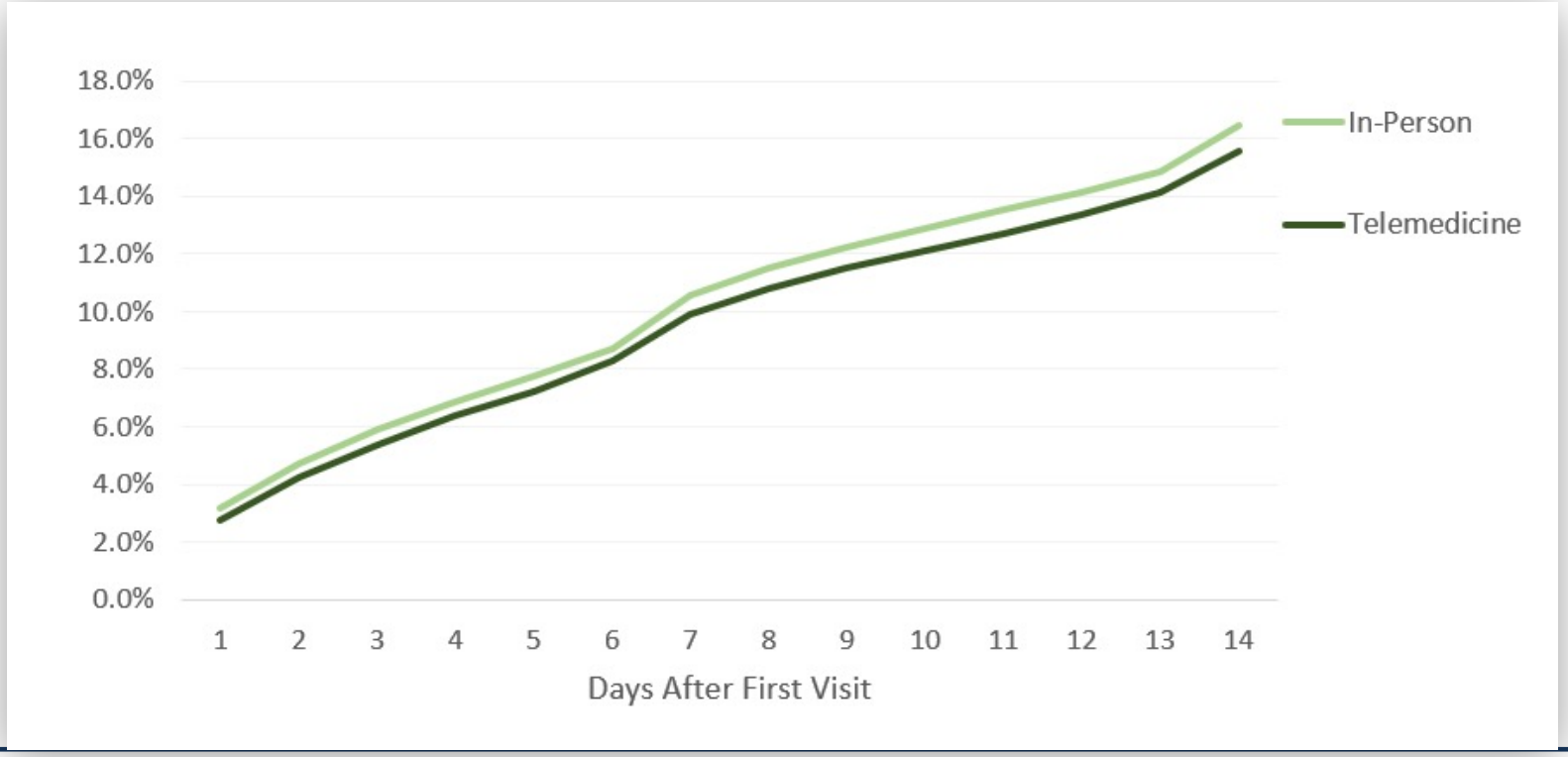
Workstream Recommendations	#	%
Benefits	**133**	**34%**
Recommended Keep	15	4%
Recommend keep with changes	38	10%
Consider Keep	4	1%
Recommend to not keep	67	17%
Not reviewed through CB	9	**2%**
Finance and Rate Setting	**23**	**6%**
Recommended Keep	6	2%
Recommend keep with changes	3	1%
Recommend to not keep	14	4%
LME-MCO	**202**	**52%**
Recommended Keep	18	5%
Recommend keep with changes	23	6%
Recommend to not keep	161	42%
Member Services	**9**	**2%**
Recommend to not keep	9	2%
Pharmacy	**9**	**2%**
Recommended Keep	2	1%
Recommend to not keep	7	2%
Provider Operations	**7**	**2%**
Recommend to not keep	7	2%
Command Center	**2**	**1%**
Recommend keep with changes	2	1%
Contact Center	**1**	**0.3%**
Recommended Keep	1	0.3%
Grand Total	387	100%

What did we learn?



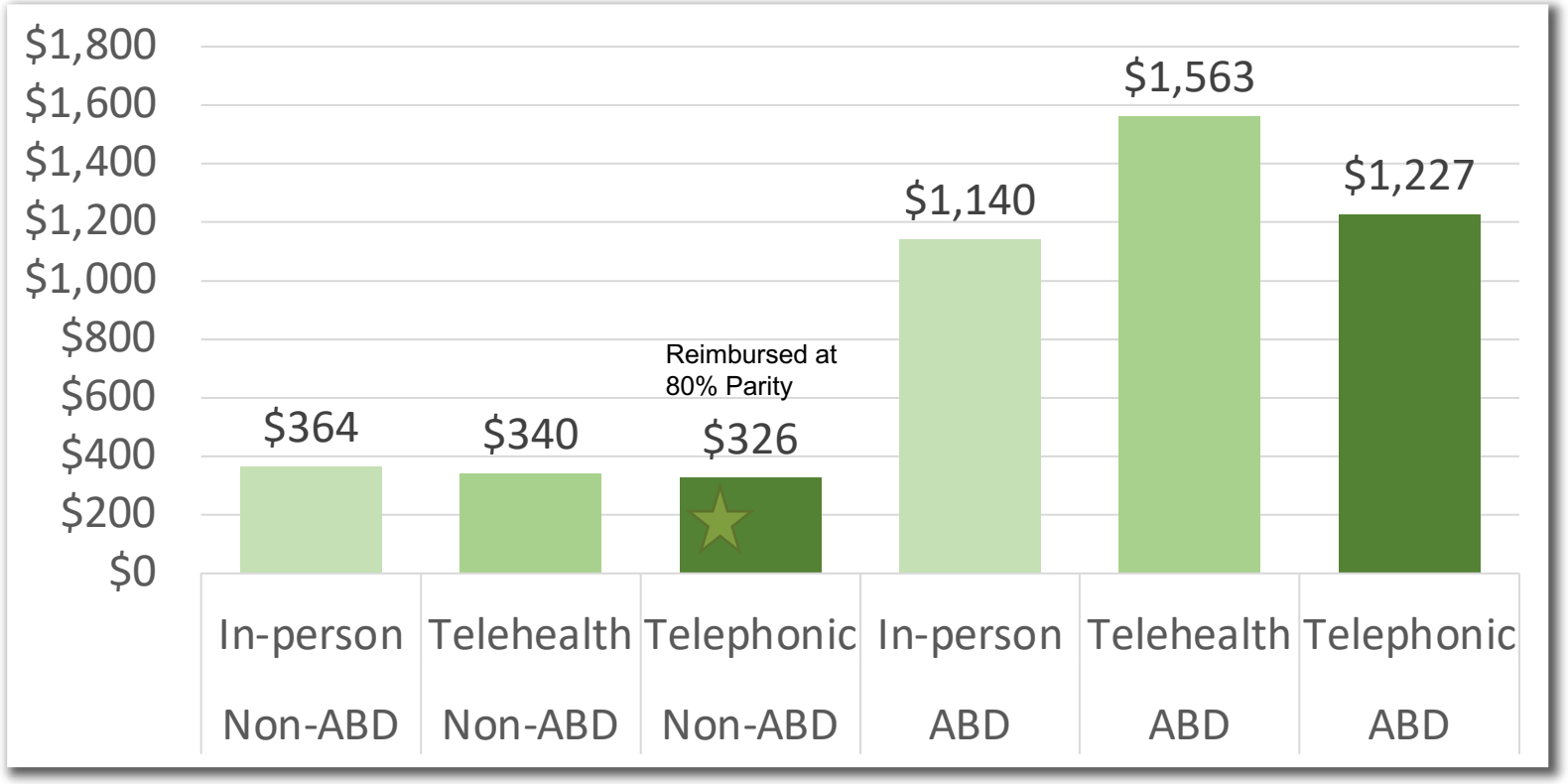
Our early “prediction models” for cost of telehealth grossly overestimated fiscal impact .

A Second Visit Was Less Likely After Teleservices

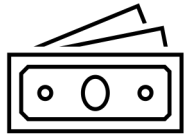


Total Cost of Care in Two Weeks Following Primary Care Visit

Service Dates (allowing for runout)**: 3/01/2020 - 3/15/2021**



What did we learn?



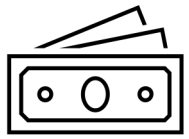
Our early “prediction models” for cost of telehealth grossly overestimated fiscal impact .

Early adapters had better outreach and outcomes.

Using Teleservices to Close Care Gap

Level of Uptake (number of teleservice claims during the pandemic so far)	No. of Practices	No. of Patients Receiving Primary Care During Pandemic	Est. % of Panel Accessing Practice During Pandemic
HIGH (300+)	308	853,392	121%
MED (50-299)	567	431,825	97%
LOW (1-49)	875	315,133	77%
NONE	488	109,272	80%
Grand Total	**2,238**	**1,709,622**	**101%**

What did we learn?



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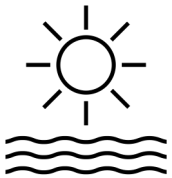
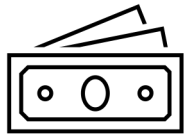


Early adapters had better outreach and outcomes.

Not all our decisions were popular.

(No Further Explanation Required)

What did we learn?



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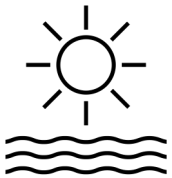

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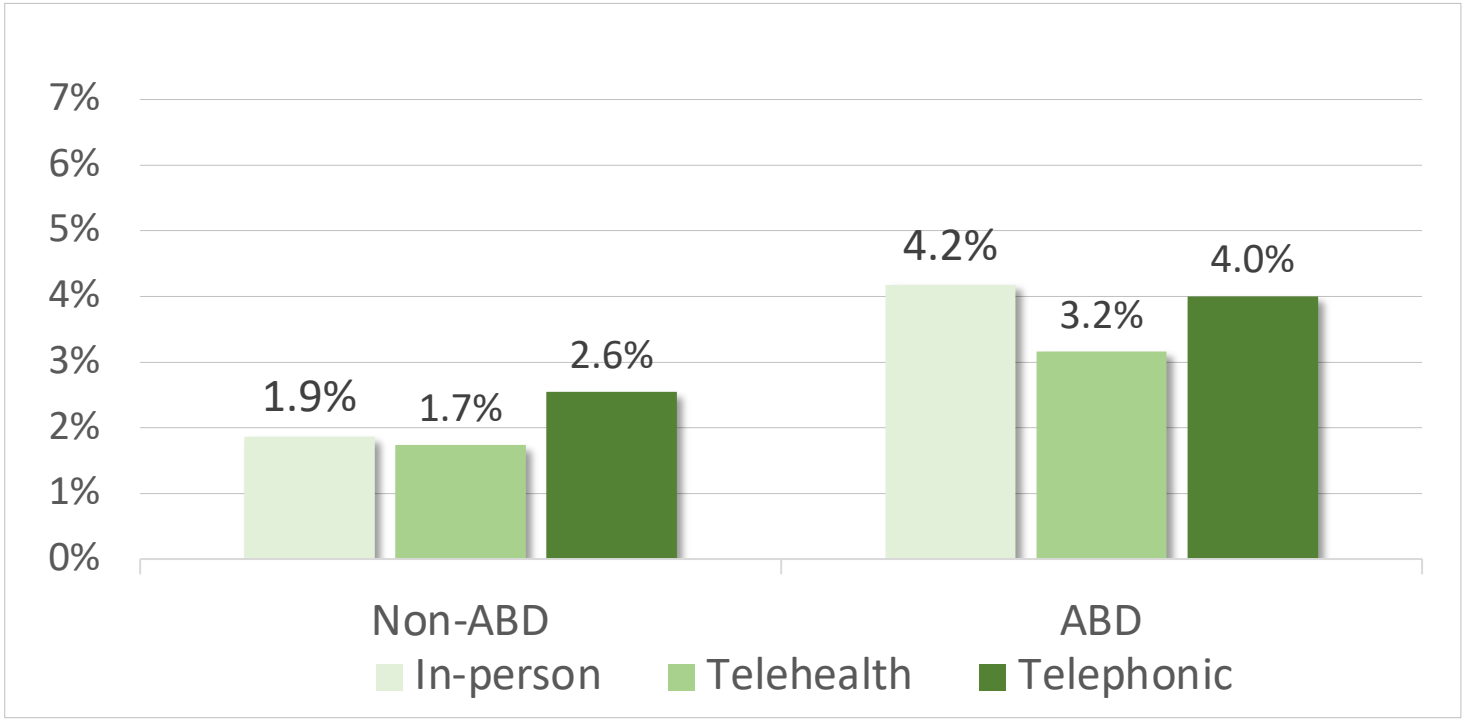
Not all our decisions were popular.

Unexpected benefits continue to be revealed.

% Using Hospital Within Two Weeks of Primary Care Visit



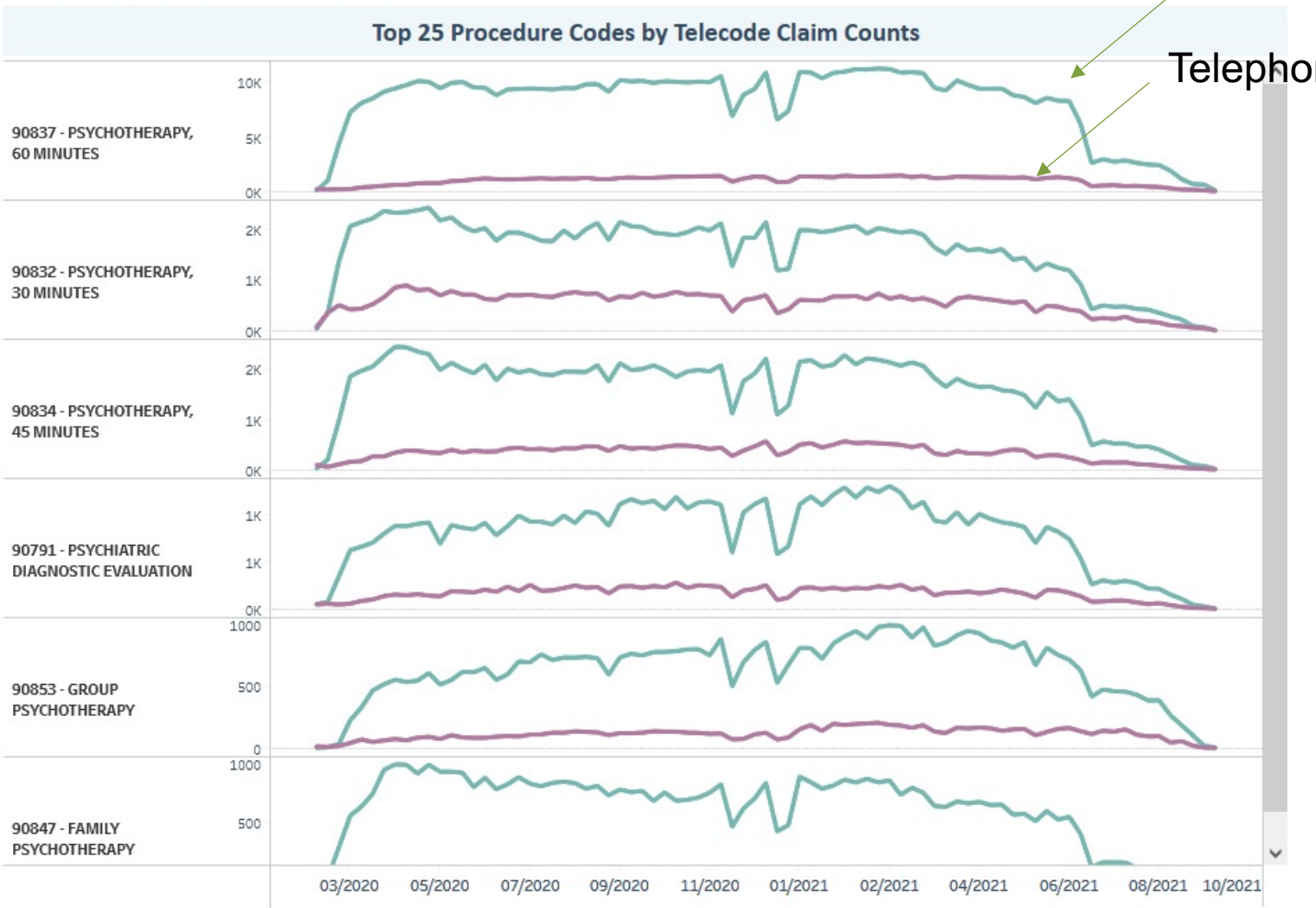
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

Service Category: Psychiatric Diagnostic Evaluation and Psychotherapy

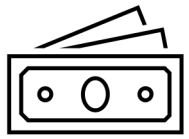
Provider Type: (All)

Telehealth

Telephonic



What did we learn?



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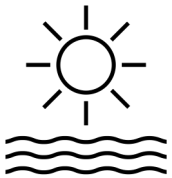

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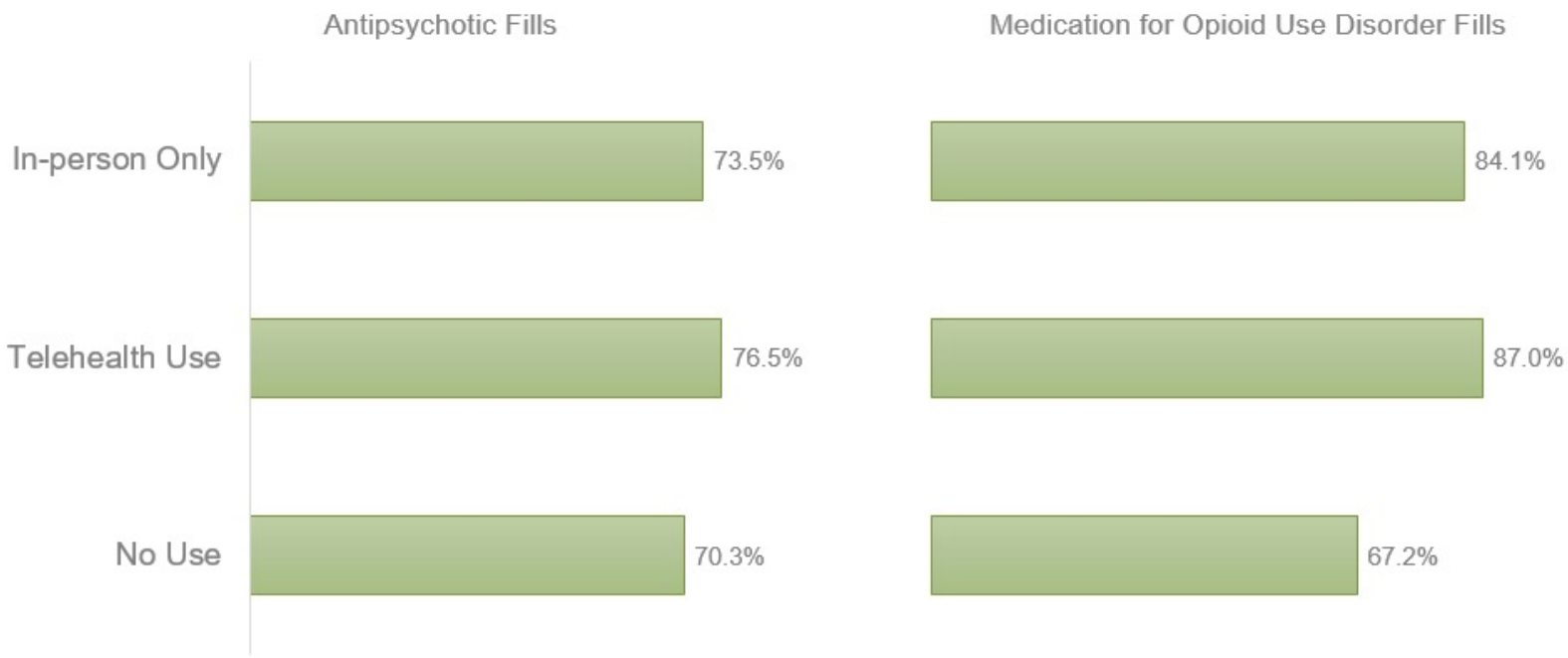
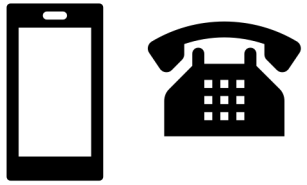
To achieve the quadruple aim we have to be nimble.

Probability of medication use between June 2020-January 2021 was higher for beneficiaries that received some services during March 2020 – May 2020



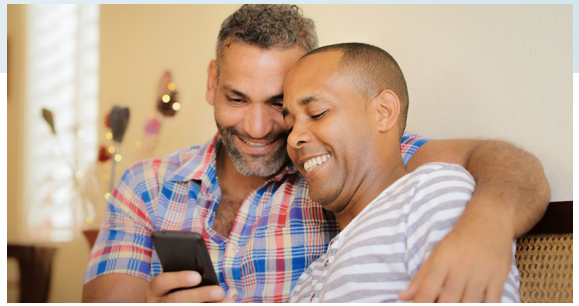
Where did we struggle on permanence?

Telephonic Only Services



Specialized Therapies, Audiology, Optometry

Virtual Wellness and Preventive Care



Telephonic Only

POSITIVES

- When all else fails, it may be your only way to reach a patient.
- It is more convenient for provider and patient.
- More people have phones and minutes than don't (there are "cellular" deserts, but they are not as big as "broadband" deserts)
- For low income and low health literacy this is more accessible.

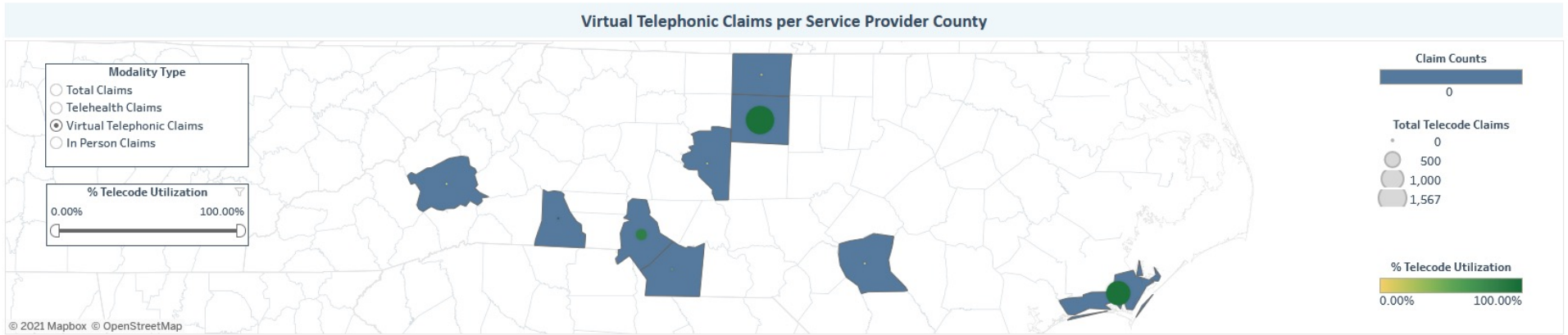
NEGATIVES

- Cost to provide the service(by a practice) MUCH lower.
- Value of the care provided lower.
- Risk of inappropriate clinical care is higher.
- Risk of fraud/abuse is higher.
- Risk of HIPAA noncompliance is higher.
- Potential to exacerbate inequities exists:

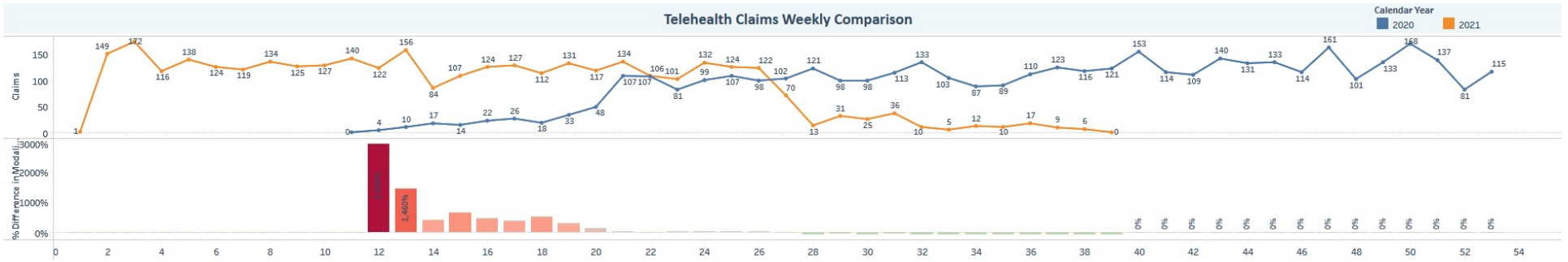
~failure to improve on technology gaps

~potential to prioritize lower value care

Example: Telephonic Billing Audiology



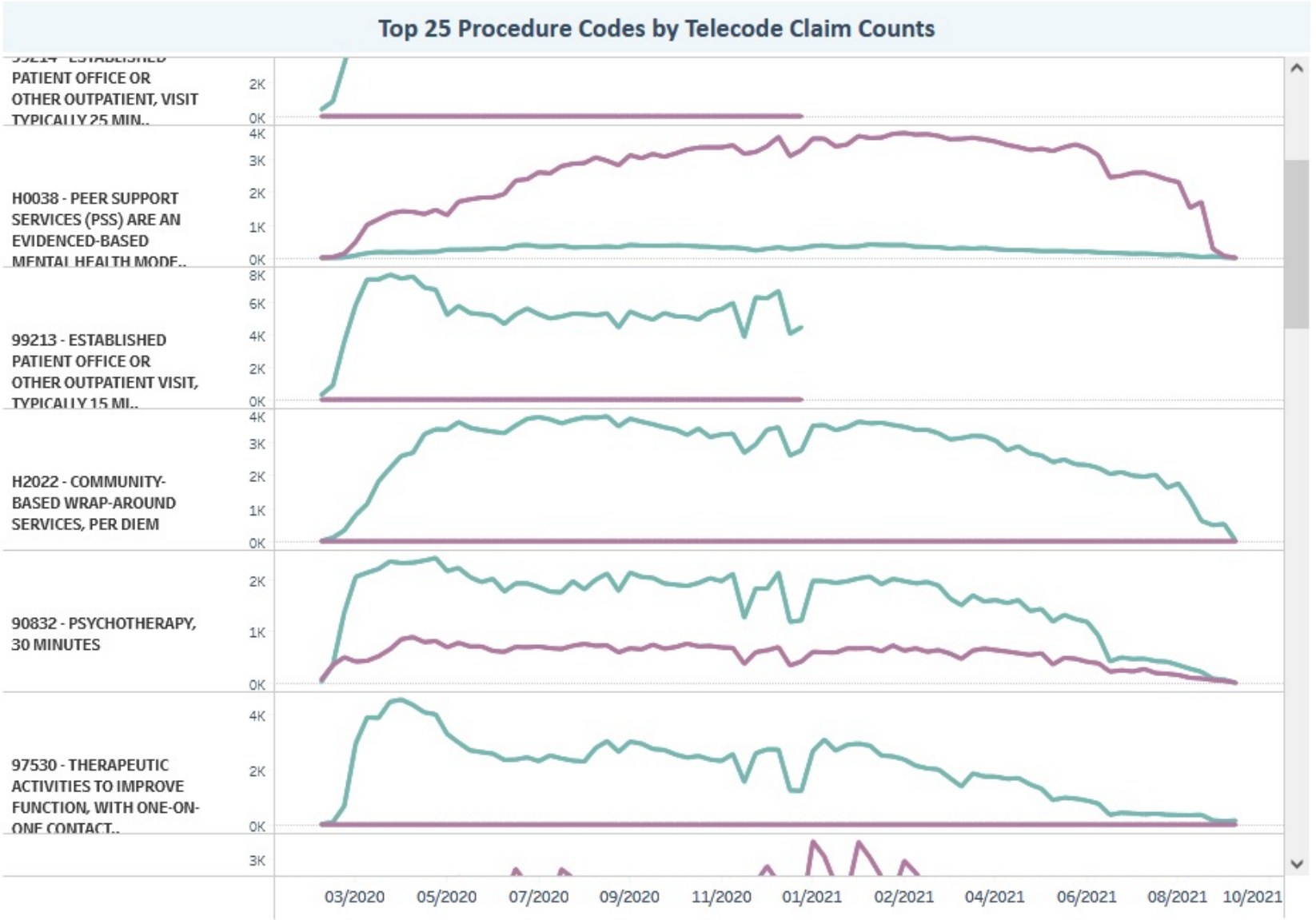
Example: Telephonic Tobacco Cessation



Telehealth Telephonic

Service Category: (All)

Provider Type: (All)



Specialized Therapies

Positives

- Parents more engaged and active in therapy
- When care provided through school typically, engaging parents in home a plus
- Number of visits ultimately reduced due to parent engagement(anecdotal)
- Increases access to specialty providers for rural beneficiaries
- ST would not have been on our radar for telehealth modernization if not for the pandemic
- Allows therapists to look at patients function in their home environment
- Therapy sessions more efficient because no “warm up” orientation time in home environment
- Ease of scheduling and making up visits; more flexible hours to work in
- Teletherapy resources available for patient education(software/packages) virtually

Negative

Telephonic only services used more than anticipated and in patterns that were concerning

Lack of data to support from larger studies or pilots; emerging

Not every child/family is able to use this modality effectively (screen distraction)

Lack of access to appropriate technology resources, access, literacy

Some modalities need hands-on care

Safety concerns in home environment for some modalities(has screening been adequate)

Employers directing providers to meet productivity goals using this modality

Modality Type: Telehealth Claims

Service Category: PT & OT Evaluation and Therapy

Modality Type: Virtual Telephonic Claims

Service Category: PT & OT Evaluation and Therapy

Virtual Wellness Visits

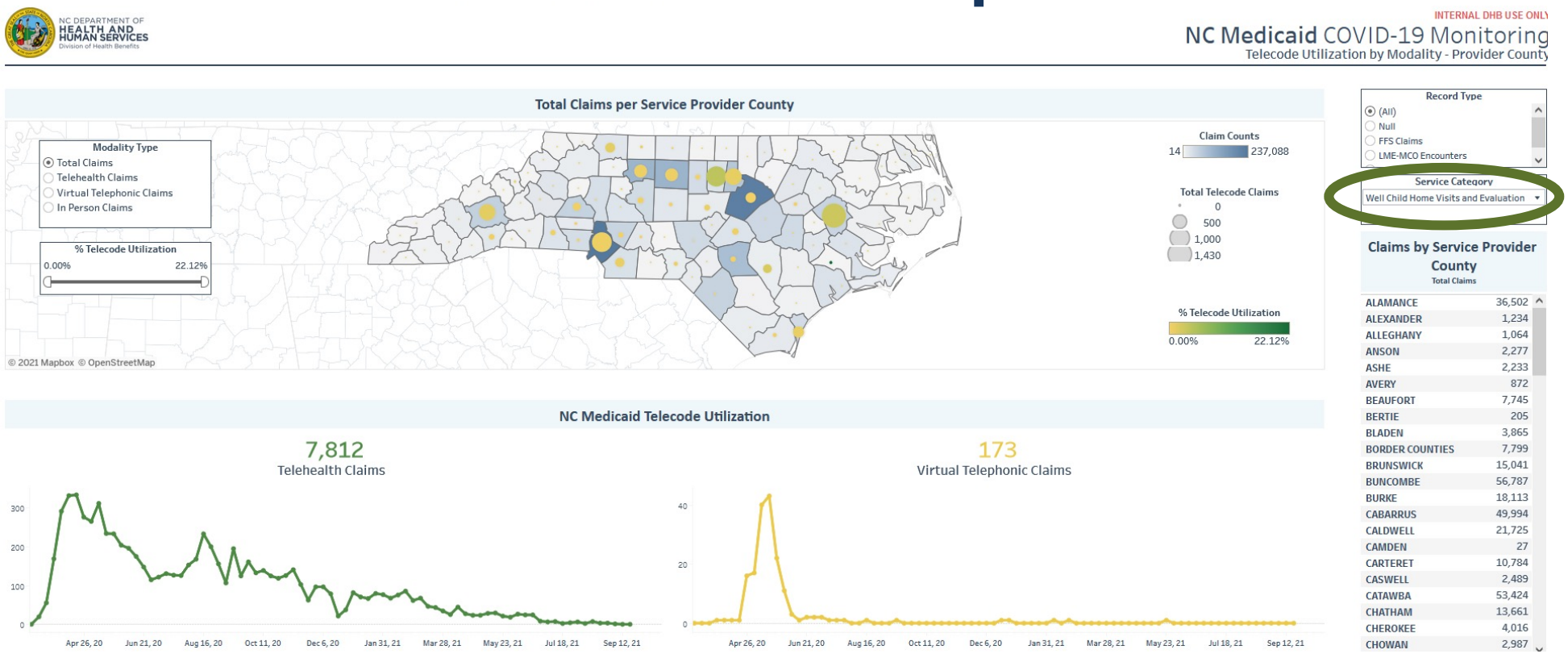
POSITIVE

- Allows immune compromised members/families easier and safer access to care.
- Convenience for family.
- Reduces transportation burden on physically disabled members.

NEGATIVE

- Often visits involve need for a physical exam component, especially in younger beneficiaries.
- Frequently involves labs or immunizations.
- Need to track growth and vital signs accurately.
- Creates increased program cost with double visit.

Well Child Visits: Telehealth/Telephonic



What are some unique accomplishments?

Removing Barriers that contribute to health inequities

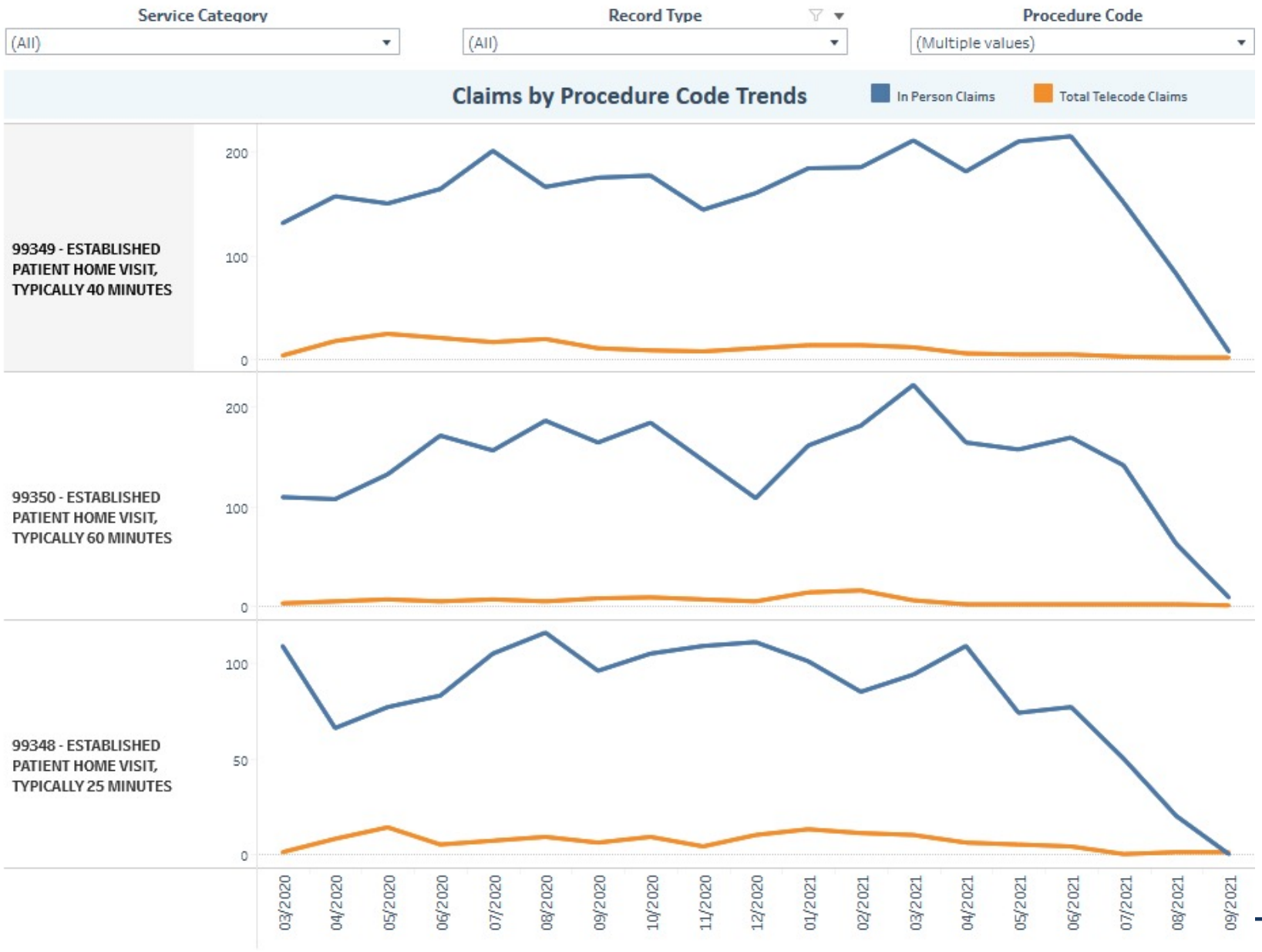
Early Prenatal Care and Risk Screen

Virtual Lactation Consultation

Virtual Ventilator Management

Hybrid Home-Telehealth Visit

Build It and They (may or may not) Come



Description of Temporary Flexibility Made Permanent

- 1A-24: Diabetes Self-Management Education
- 1-I: Dietary Evaluation and Counseling and Medical Lactation Services
- 1-M3: Health and Behavior Intervention
- 1E-7: Family Planning Services
- 1M-2: Childbirth Education
- 1A-34: Dialysis Services
- 1E-6: Pregnancy Medical Home
- 8-J: Children's Developmental Service Agencies (CDSAs)
- 8G: Peer Supports
- 8A: Enhanced Mental Health and Substance Abuse Services
- 8A-2: Facility Based Crisis Services
- 9: Outpatient Pharmacy
- 8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- 3A: Home Health Services
- 3G-1: Private Duty Nursing for Beneficiaries Age 21 and Older
- 3G-2: Private Duty Nursing for Beneficiaries Under 21 Years of Age
- 3D: Hospice Care
- 3H-1: Home Infusion Therapy
- 10C: Local Education Agencies (LEAs)
- 10D:L Respiratory Therapy Services
- 5A-2: Respiratory Equipment
- 5A-3: Nursing Equipment and Supplies
- 8E: Intermediate Care Facilities for Individuals with Intellectual Disabilities
- 8F: Research-based Behavioral Health Treatment for Autism Spectrum Disorder
- 8P: NC Innovations
- 4A: Dental Services
- 4B: Orthodontic Services
- 1E-5: Obstetrical Services
- 1D-4: Cor Services Provided in Federally Qualified Health Centers and Rural Health Clinics

Where to Find Me
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Family Doc, Healthcare Executive, Rapper, Writer, STD Specialist, Advocate. #WomenInMedicine #STD #ThisIsOurLane #publichealth #healthequity #sexualhealth

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Excited to be Chief Medical Officer of NC Medicaid @ncdhhs Family Doctor @myncafp @aafp Lover of Rhyme, Mom, Wife, Speaker, Writer, Standard disclaimers apply.

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Videos

Off to the STD Clinic You Go 2015
Shannon Dowler,MD
YouTube - Feb 20, 2015

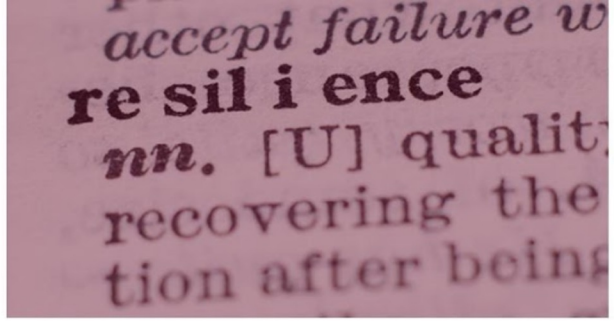
STD's Never Get Old
Shannon Dowler,MD
YouTube - Mar 5, 2017

American Academy of Family Physicians (AAFP) - AAFP Member Monday: Dr. ...
Facebook - Apr 10, 2017

Shannon Dowler,MD - YouTube
https://www.youtube.com › channel
Shannon Dowler,MD uploaded a video 2 years ago. 4:29. Play next; Play ... **Shannon Dowler**,MD uploaded, posted and liked 4 years ago. Celebrating 50 years ...

COMING SOON:
STI's Never Get Old





Arizona Medicaid
Permanent Telehealth Policy Changes

Dr. Sara Salek
Chief Medical Officer, AHCCCS

AHCCCS
Arizona Health Care Cost Containment System

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.

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

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)

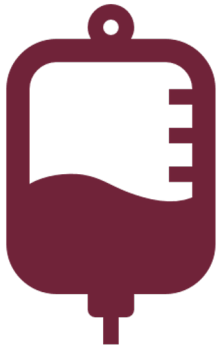
Pre 10/1/19

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

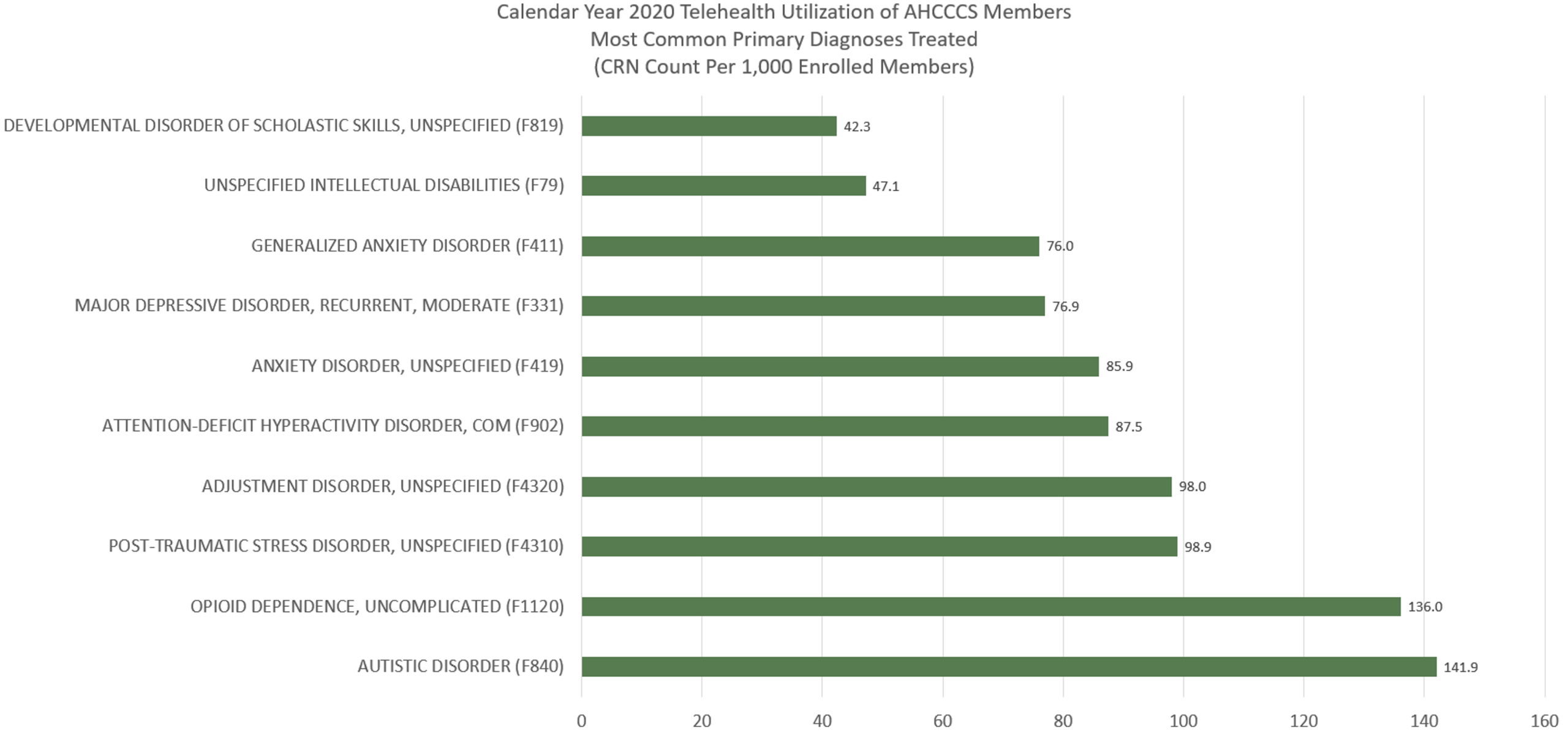
Telemonitoring limited to CHF

Implemented 10/1/19

No restrictions on telemonitoring

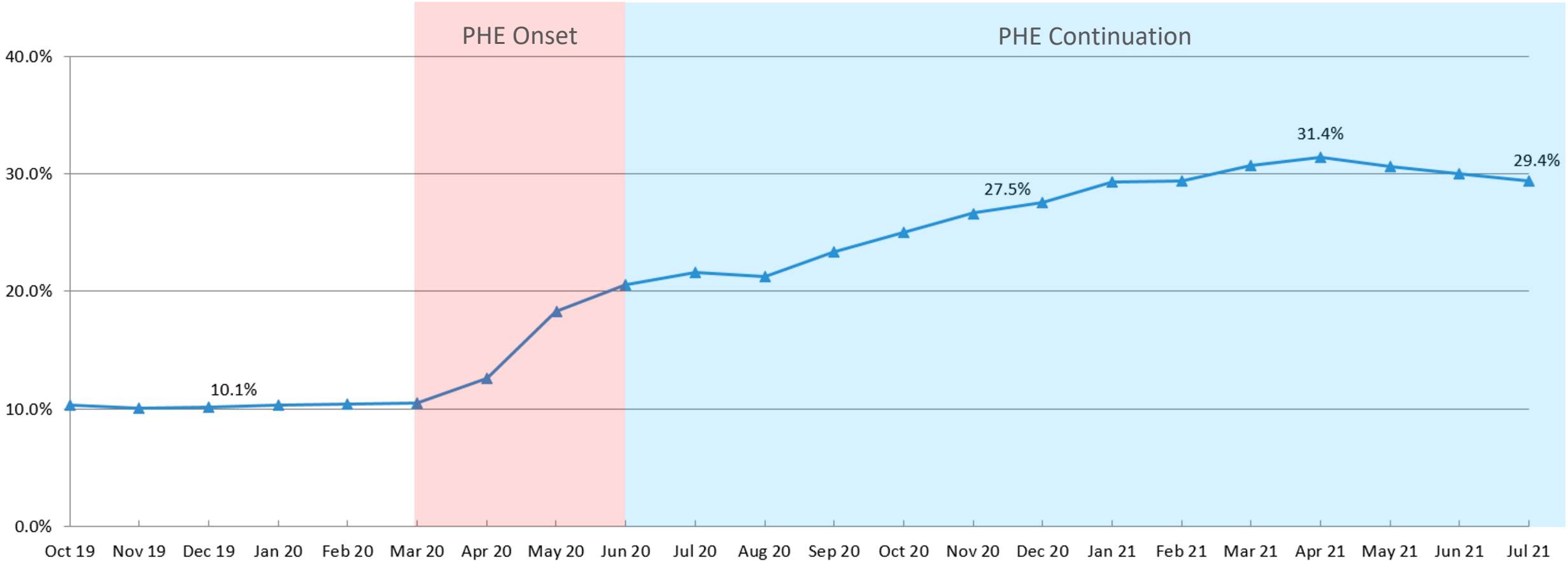
Arizona Medicaid Telehealth Coverage Intra-Pandemic (March 2020-Current)

- Created temporary audio-only code set (94 codes)
- Added >150 CPT and HCPCS codes for services delivered via audio-visual and store and forward
- Health plan requirements (not in effect prior to pandemic)
  - 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


Calendar Year 2020 Telehealth Utilization of AHCCCS Members
Most Common Primary Diagnoses Treated
(CRN Count Per 1,000 Enrolled Members)
DEVELOPMENTAL DISORDER OF SCHOLASTIC SKILLS, UNSPECIFIED (F819)
42.3
UNSPECIFIED INTELLECTUAL DISABILITIES (F79)
47.1
GENERALIZED ANXIETY DISORDER (F411)
76.0
MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE (F331)
76.9
ANXIETY DISORDER, UNSPECIFIED (F419)
85.9
ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COM (F902)
87.5
ADJUSTMENT DISORDER, UNSPECIFIED (F4320)
98.0
POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED (F4310)
98.9
OPIOID DEPENDENCE, UNCOMPLICATED (F1120)
136.0
AUTISTIC DISORDER (F840)
141.9
0
20
40
60
80
100
120
140
160

Telehealth Utilization
October 2019 - July 2021

Percentage of enrolled members with one or more telehealth service (rolling 12 month data per month)



Note: Includes real-time audio/visual services, our permanent telephonic services and the expansion of telephonic services in response to the public health emergency.

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	NO[3]

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 Telehealth Advisory Committee voted on permanent audio-only code set at October 17, 2021 meeting

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, safely 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.

Telehealth Advisory Committee
Audio-only coverage post pandemic

Total of **37 codes** recommended for audio-only coverage post pandemic

- Maintain 24 codes (out of 94) on temporary audio-only code set
- Maintain 13 codes on permanent audio-only code list

Arizona Medicaid Telehealth Coverage: Post-Pandemic Highlights

- Member access to care
  - Broadband and other technology access
- Member satisfaction
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) with supplemental questions for telehealth (results anticipated in late Fall 2021)

Arizona Medicaid Telehealth Coverage: Post-Pandemic Highlights

- Code coverage decisions
- Reimbursement rates
- Network Standards
  - Appointment availability
  - Time and distance
- Telehealth practice guideline adoption
- Ongoing quality monitoring

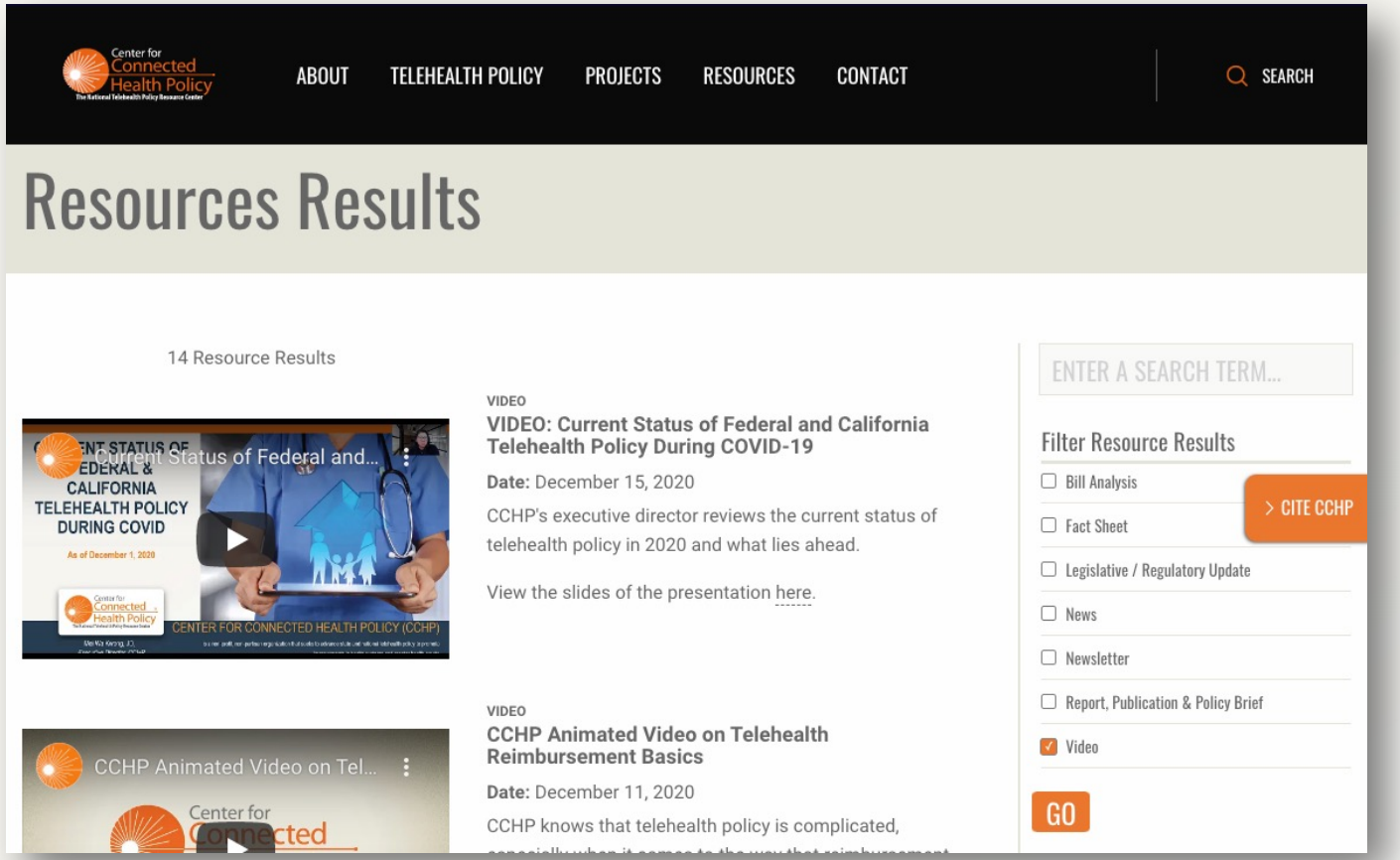
Arizona Telehealth Resources

- AHCCCS Telehealth Webpage
- COVID Telehealth FAQs
- AHCCCS Contractor Operations Manual (ACOM)
  - Network Standards
  - Appointment availability standards
- Telehealth Advisory Committee
- Arizona Telemedicine Program
- Southwest Telehealth Resource Center

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!

THANK YOU!

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Department of Health and Human Services

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

Center for Connected Health Policy
The National Telehealth Policy Resource Center

EVALUATION FORM

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

Thank you and have a great day!