MACPAC

Panel Discussion: What States Are Learning From Expanded Telehealth Use

Medicaid and CHIP Payment and Access Commission

Joanne Jee and Michelle Millerick

Panel Discussion: What States Are Learning From Expanded Telehealth Use

- **Chethan Bachireddy, MD, MSc**
  - Chief Medical Officer, Virginia Department of Medical Assistance Services
- **Tracy Johnson, PhD**
  - Medicaid Director, Colorado Department of Health Care Policy and Financing
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TRANSFORMING MEDICAID TELEHEALTH POLICY BEYOND COVID-19

April 9, 2021

CHETHAN BACHIREDDY, MD, MSC

CHIEF MEDICAL OFFICER
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

The Potential of Telehealth

- COVID-19 has demonstrated the potential of telehealth to ensure equitable access to care
  - Use of telehealth in Virginia Medicaid has risen over 15-fold since the start of the Public Health Emergency
  - Telehealth has been a force for equity in access to care
  - The largest volume of telehealth has been concentrated in services addressing the needs of highly vulnerable Medicaid members – those with Behavioral Health and Substance Use Disorders
- COVID-19 has unleashed strong policymaker interest in rapidly expanding telehealth
  - Restrictions on originating site removed from Virginia Code
  - The Commonwealth of Virginia has authorized several new telehealth modalities – remote patient monitoring, e-consults, store-and-forward, and audio-only services – beginning in July, 2021

Goals and Operating Principles

- 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.
- Operating Principles
  - Telehealth is a modality and should be governed by the same parameters as in-person care, where appropriate.
  - Telehealth policy development allows for inherent uncertainty.
  - Establish robust monitoring and evaluation structures to make data-driven corrections on a continuous basis.
  - Outcomes, access, experience and cost need to be defined at the patient and population level, not only at the billing or service level.
  - The risks of provider misuse must be weighed against the benefits of provider flexibility in determining the optimal modality of care for their patients.
  - Simplicity is essential.

Key Questions

- What are the components of robust monitoring and evaluation?
  - How does this align with established quality standards?
- Should services delivered via synchronous audio-visual telehealth be reimbursed at parity with in-person visits?
  - Over what time? How does that impact providers' willingness to deliver audio-visual telehealth?
- What services should be allowable via audio-only telehealth and at what reimbursement rate compared to in-person visits?
- How can telehealth policy be more closely aligned across payers to make it easier for providers to adopt?

Areas of Possible Federal Policy Development

- Support for state evaluation of telehealth policies
  - Develop evaluation framework roadmaps
  - Incentivize Medicaid agencies' telehealth policy evaluations (e.g. enhanced FMAP)
- Create standards around audio-only telehealth billing (e.g. suggested modifier)
- Guidance on how Medicaid agencies can more effectively address telehealth infrastructure at the community, provider, and patient level
- Funding for value-based payment models (most likely to unlock the potential of telehealth)

THANK YOU!

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April 9, 2021

Tracy Johnson, PhD, Colorado Medicaid Director

Colorado 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:

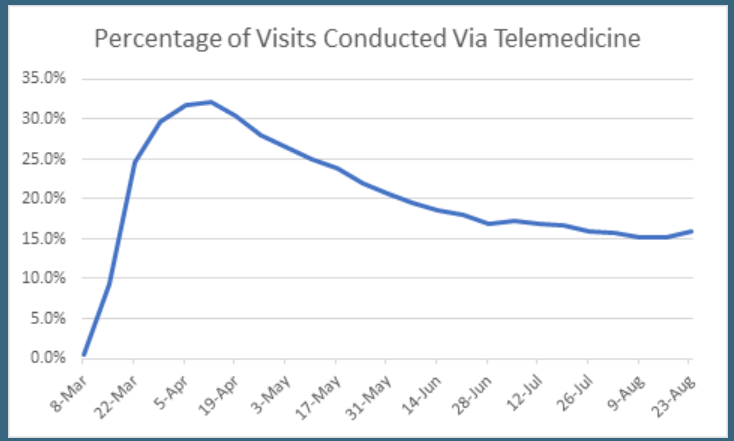
Telephone only modality for certain services (and live chat)

Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, and Community Mental Health Centers

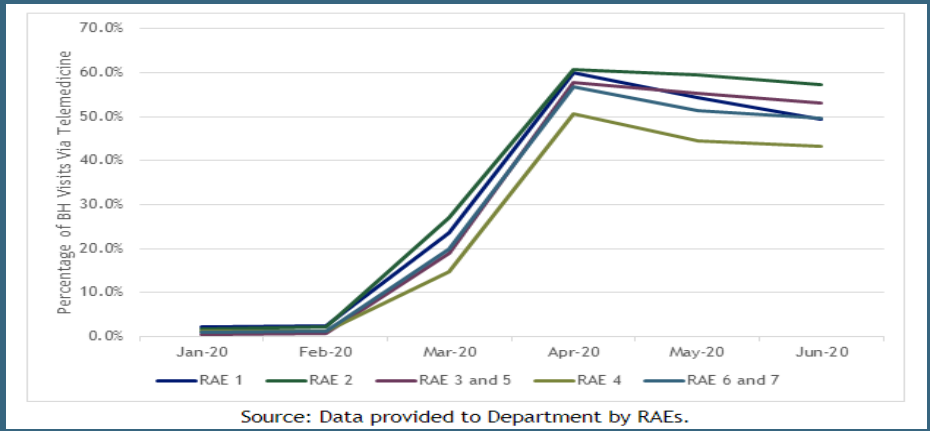
Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers

Requires reimbursement for telemedicine services at the same rate as in-person services (payment parity)

CO Telemedicine Growth in FFS & Capitated BH Services



Percentage of Visits Conducted Via Telemedicine as a Percentage of All Telemedicine-Eligible Visits, March – August 2020



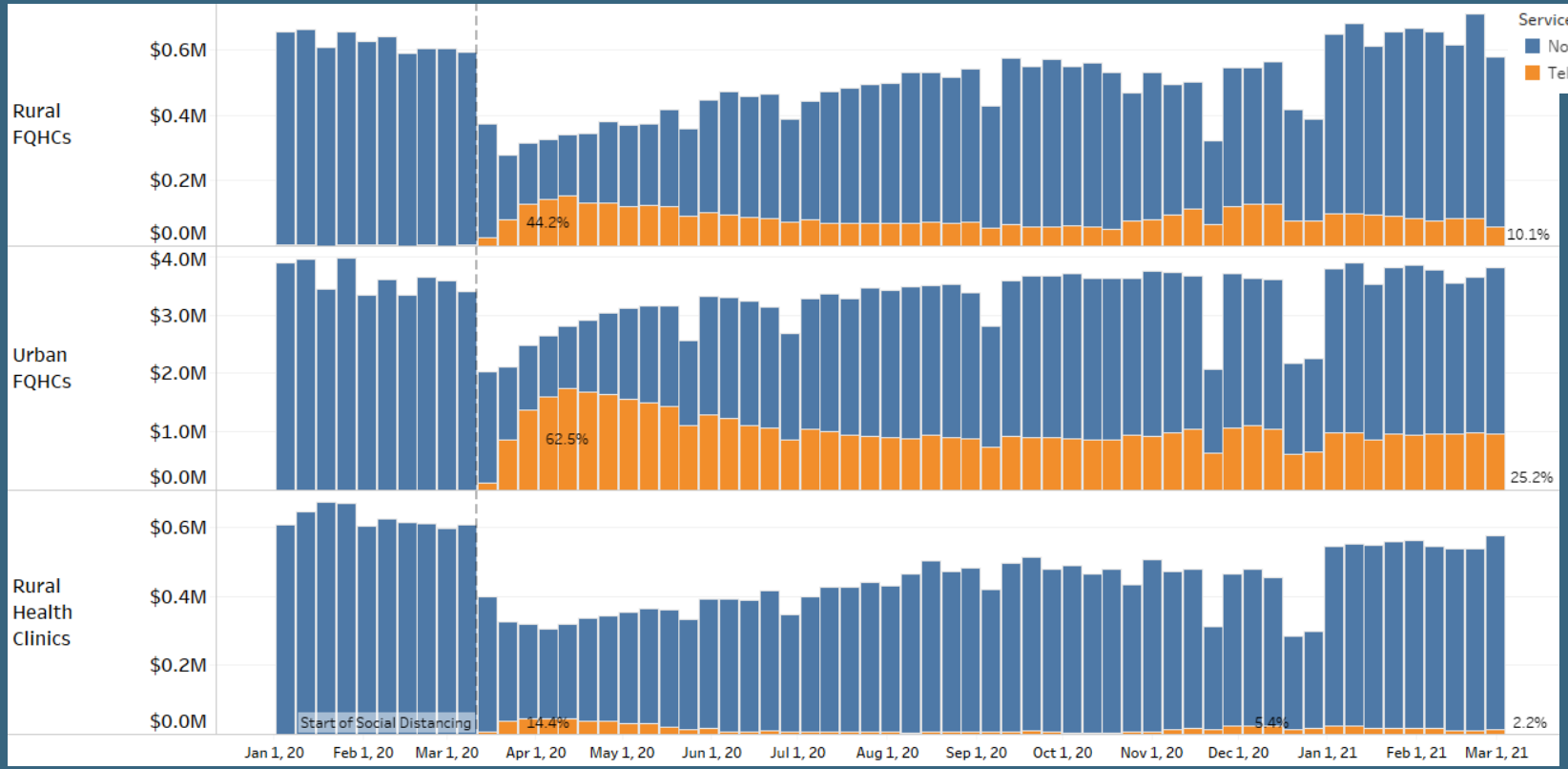
Percentage of Capitated Behavioral Health Visits Conducted Via Telemedicine, January through June 2020

Who is Using Telemedicine in CO ?

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

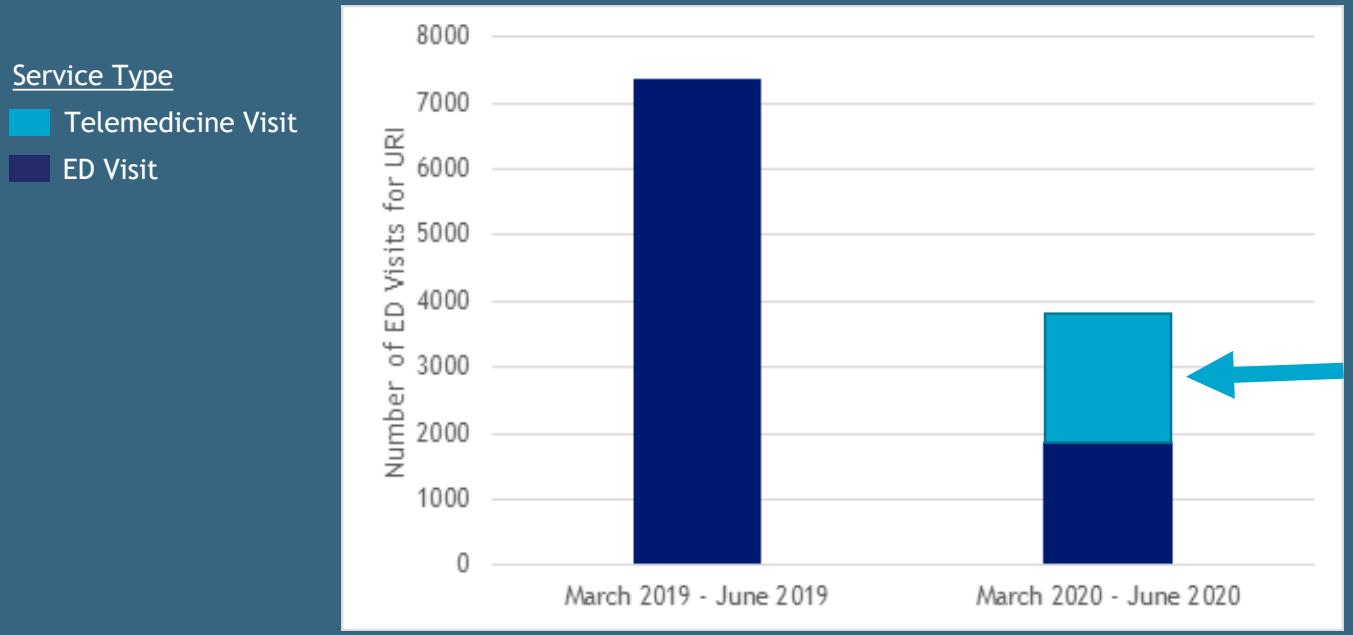


Telemedicine Utilization Data

Health First Colorado Telemedicine Evaluation report

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

Key Considerations Opportunities & Challenges

- Distinguish emergency-only & permanent policies
- Retain medical home model integrity
- Monitor access, quality, equity and utilization/cost
- Monitor federal policy changes
- Align payment policy



Arizona Medicaid Telehealth Coverage

Before, During, and Post-COVID-19 Pandemic

Dr. Sara Salek
Chief Medical Officer, Arizona Medicaid

AHCCCS
Arizona Health Care Cost Containment System

Arizona Medicaid Telehealth Coverage: Pre-Pandemic

AHCCCS
Arizona Health Care Cost Containment System

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)

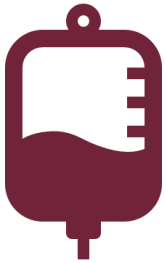
Pre 10/1/19

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

AHCCCS
Arizona Health Care Cost Containment System

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

- Held multiple provider/stakeholder forums
- Created temporary telephonic code set
- Added >150 CPT and HCPCS codes for services delivered via audio-visual and store and forward
- Managed Care Organizations (MCOs) required to:
  - Reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically
  - Cover all contracted services via telehealth modalities

AHCCCS Telehealth Coverage Summary

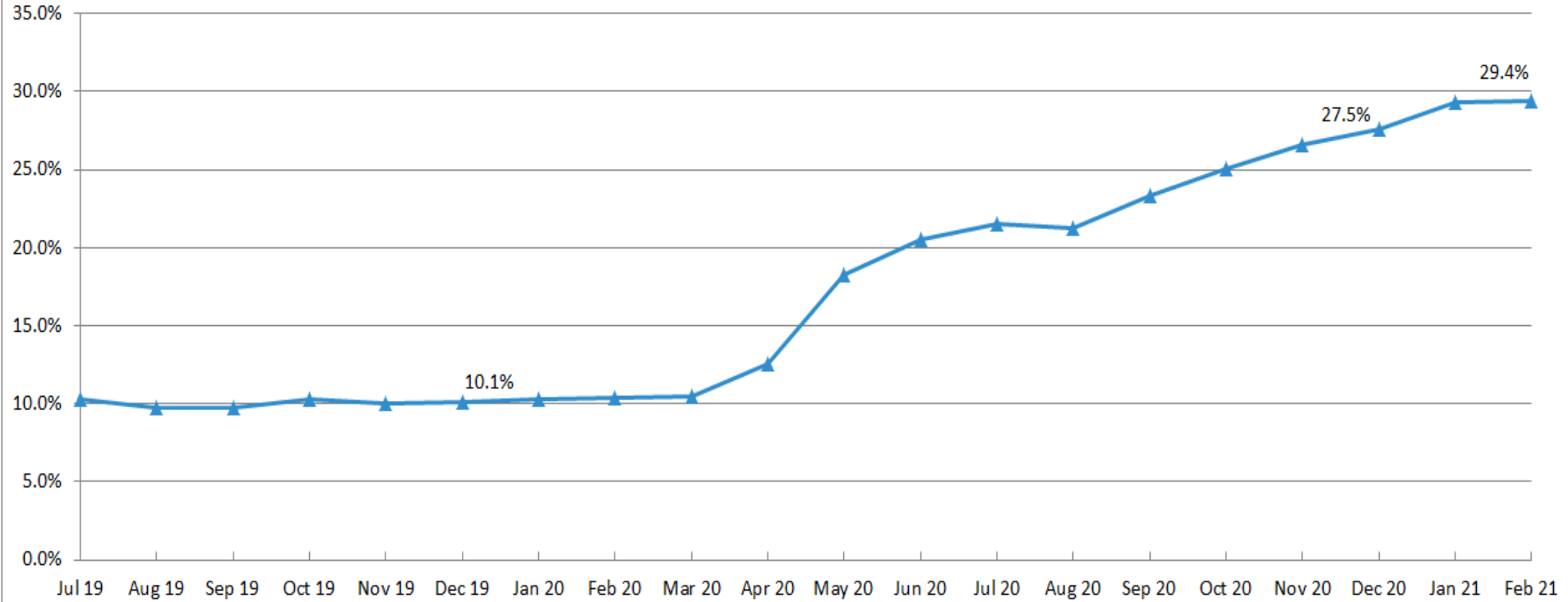
WHAT	TECHNOLOGY	TELEHEALTH MODIFIER[1] OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODE SET AVAILABLE	CODE SET AVAILABLE AFTER COVID 19 EMERGENCY
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site[2]	Telehealth Code Set	YES
Asynchronous (Store+Forward)	Transmission of recorded 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	UNDER EVALUATION

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

Telehealth Utilization - All TXIX/TXXI Programs

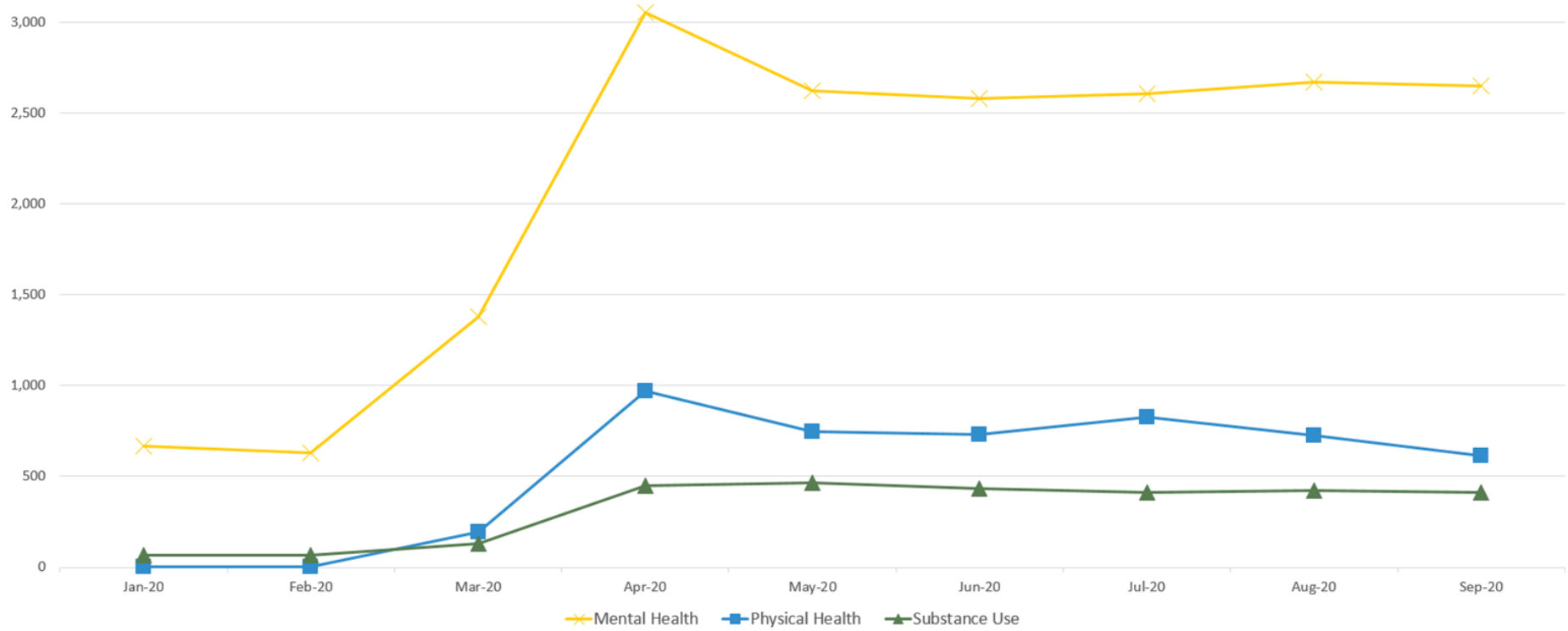
State Fiscal Years 2020 & 2021 YTD

(Percentage of All TXIX/TXXI Enrolled Members With One or More Telehealth Claim/Encounter, Rolling 12 Month Data Per Month)



Telehealth Utilization - All AHCCCS Programs
January - September 2020

Number of Services Rendered Per 10,000 Enrolled Members by Month



Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

AHCCCS
Arizona Health Care Cost Containment System

Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning Highlights

Coverage Decisions

- Audio-only coverage: evaluating and weighing clinical appropriateness, healthcare access for in-person care, and broadband access for A/V healthcare delivery
- Performance steward allowances for telehealth
- Fiscal analysis and ongoing monitoring for F/W/A

Member Satisfaction

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for major lines of business currently underway
- Adopted Oregon's telehealth supplemental questions for potential cross State analysis

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

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