Center for Connected Health Policy
The National Telehealth Policy Resource Center

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TELEHEALTH & MEDICAID: A POLICY WEBINAR SERIES

Access & Equity in Medicaid Telehealth Policy
April 30, 2021

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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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- Closed captioning is available.

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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
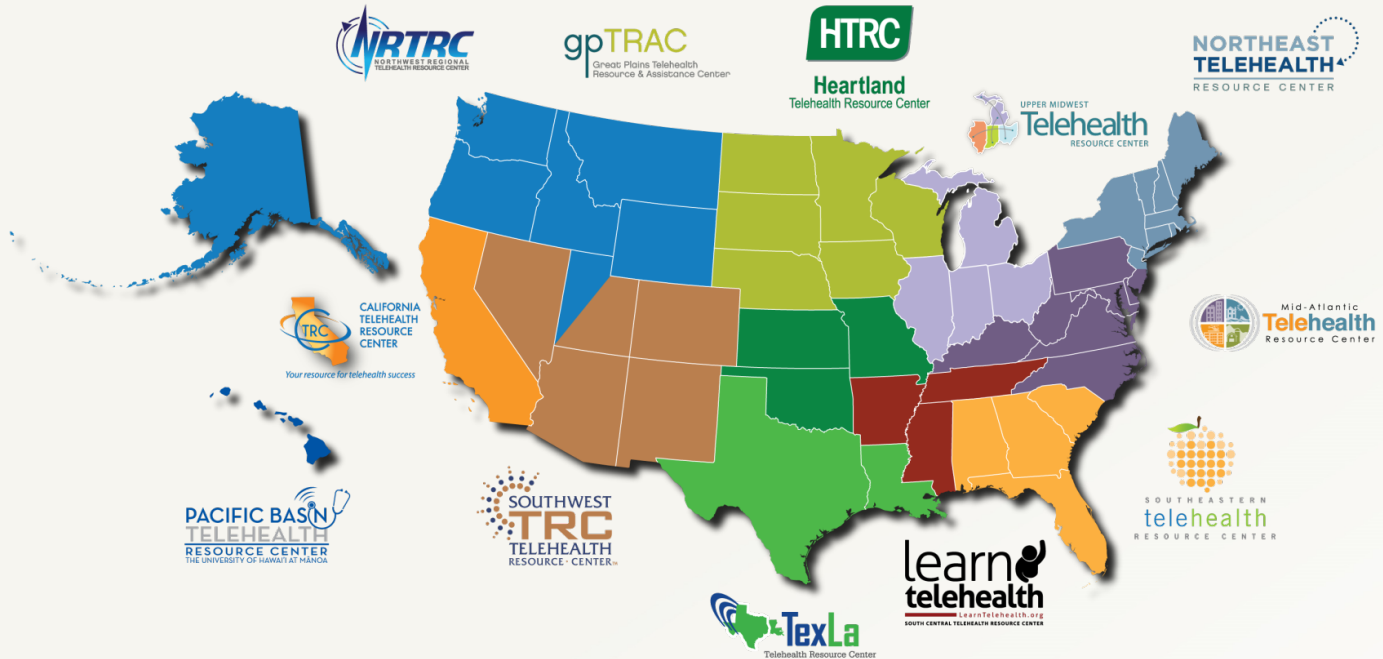
NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
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PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

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Telehealth & Medicaid: A Policy Webinar Series

May 7, 2021: Children & Youth

May 14, 2021: Seniors

May 21, 2021: Telemental & Behavioral Health

Image source: American Psychological Association

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Today's Webinar

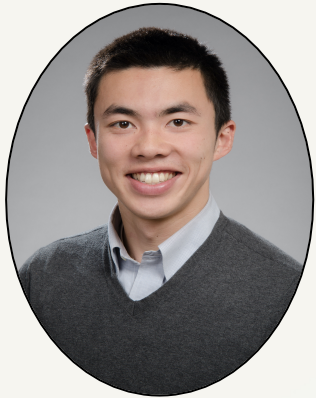**Presentation #1: Minnesota Medicaid**

Julie Marquardt, DPT, Deputy Assistant Commissioner & Deputy Medicaid Director, Health Care Administration, Minnesota Department of Human Services

Neerja Singh, PhD, MSW, Clinical Behavioral Health Director, Minnesota Department of Human Services

Presentation #2: New York Medicaid

Kendra Muckle, Medical Assistance Specialist, New York State Department of Health

Megan Prokorym, PhD, Office of Primary Care & Health Systems Management, New York State Department of Health

Presentation #3: Washington Medicaid

Christopher Chen, MD, MBA

Medical Director, Medicaid, Washington State Health Care Authority

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DEPARTMENT OF HUMAN SERVICES

Telemedicine Utilization In Minnesota's Medicaid Program

Neerja Singh and Julie Marquardt

Telehealth and Telemedicine Waivers During Covid-19

- The Department of Human Services took several temporary steps to ensure Medicaid and MinnesotaCare enrollees could continue to receive necessary care, accommodating stay at home orders and social distancing requirements
  - waivers and amendments to Minnesota's state plan and Basic Health Program Blueprint to temporarily expand telehealth services
  - waivers responded to **the immediate needs**, such as emergency health care, primary health care, specialty health care, and treatment services for SUD, OUD, and mental illness

DHS Telehealth and Telemedicine Study

Examined the **preliminary i**mpacts of federal and state telehealth and telemedicine waivers on health care providers and patients as of June 2021.

Study focus is physical and behavioral health treatment services
- Long term services and supports (LTSS) and case management services were outside the scope

Study Aims
- understand which types of providers and services are being delivered via telemedicine during the pandemic
- how those service delivery patterns are evolving throughout the pandemic

Feedback generally consistent with that found in existing literature
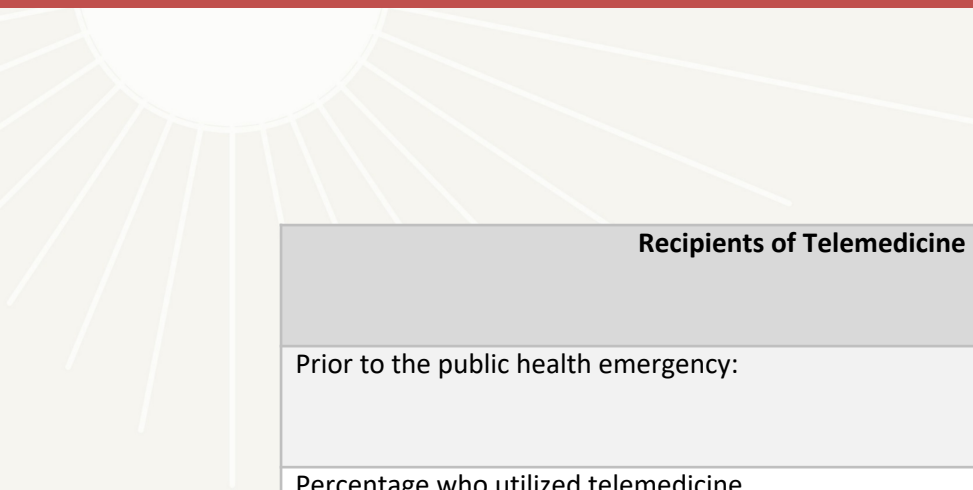
Support for the continued use of telehealth as an option for the provision of some health care services **depending on**

- The type of health care service
- The frequency and the amount of telehealth services delivered in combination with in-person care
- Patient preference
- If longer-term outcome data indicates positive patient outcomes

Health Insurance Portability and Accountability Act (HIPAA) enforcement must be considered

- current expansion has relied heavily on the relaxation in the enforcement of the privacy and security requirements under the federal law
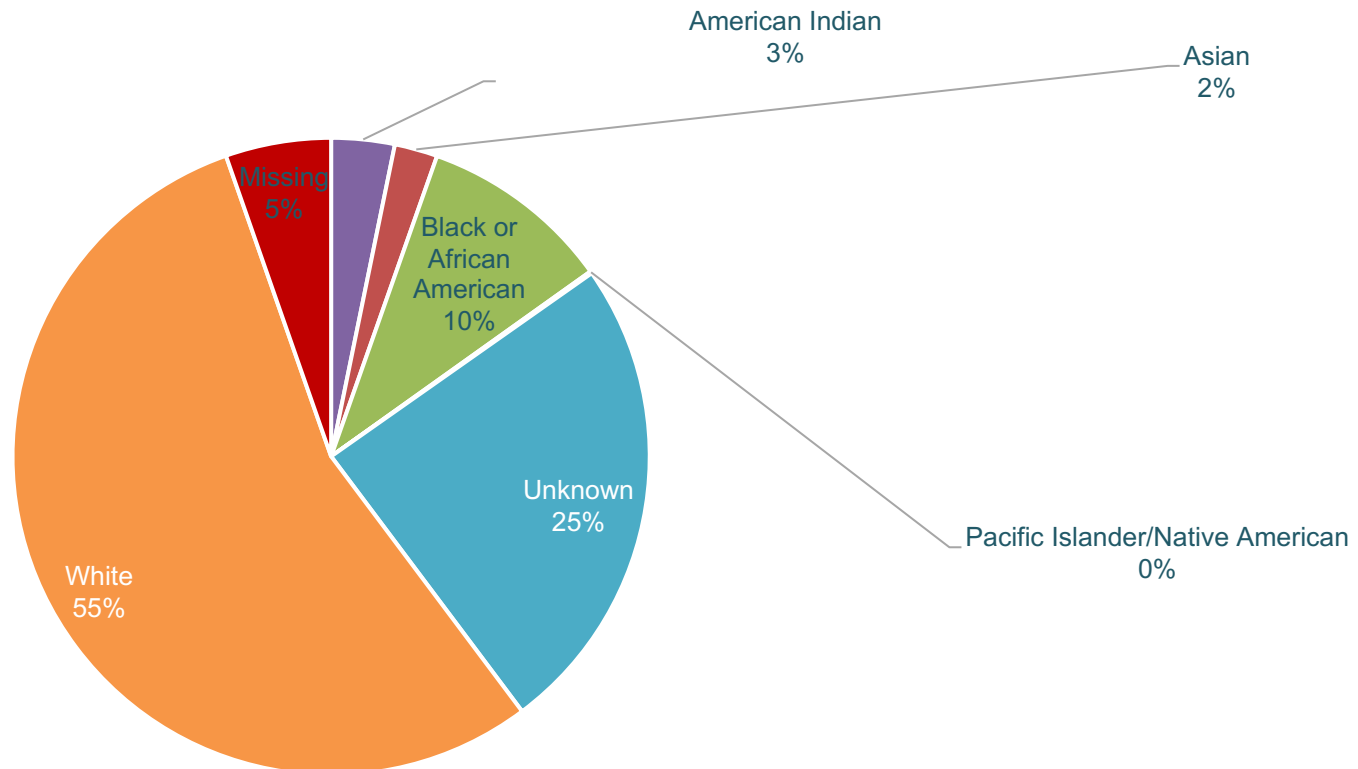
Claims Data – shift in services

Recipients of Telemedicine	Non-Behavioral Health	Behavioral Health
Prior to the public health emergency:	Percentage	Percentage
Percentage who utilized telemedicine	< 2%*	6%
After the public health emergency:	Percentage	Percentage
Percentage who utilized telemedicine**	19%	30%

* Includes those using only telemedicine as well as hybrid (both in person and telemedicine).

** Percentages reflect services provided during time period between mid-March and late fall, 2020 that had been submitted and paid

Claims data housed in the Medicaid Management Information System (MMIS)

Claims Data – demographic information

Percentage of Individuals (De-Duplicated) Supported by Behavioral HealthTelemedicine Services by since 3/20/2020 - 12/31/2020

Pie chart:
- American Indian 3%
- Asian 2%
- Black or African American 10%
- Unknown 25%
- Pacific Islander/Native American 0%
- White 55%
- Missing 5%

Claims data housed in the Medicaid Management Information System (MMIS)

Provider Themes (33 providers representing MH, SUD, physical health and greater MN)

Infrastructure and Capacity: Whether providers did or did not use the telemedicine prior to the COVID-19 public health emergency, all providers significantly scaled up their telemedicine operations or converted entirely to telemedicine during the reporting period.

Utilization differences by Age, Mobility and Geography segments: Telemedicine appears to be ideal for young to middle aged adults with some fluency in and accessibility to technology.

- Seniors and children faced greater barriers in using technology and/or engaging in this format. Providers expressed frequently that it was difficult to engage children in calls for extended periods of time which limited the level of service they could provide.

- Providers felt that telemedicine has significantly improved access for their patients, especially for those who would otherwise have to travel long distances, have mobility issues or need to travel during inclement weather.

Effectiveness: All participants agreed that moving forward they will need to be intentional deciding the types of visits and fields of practice that can or should be done via telemedicine.

Provider Focus Groups

Provider Recommendations (33 providers participated)

- **Clear guidelines from DHS** on billing and payment, patient notes and any other aspects of care or charting which may be audited or should be standardized across practitioners.

- State assistance (grants, legislation, etc.) to ensure **access to high speed Internet statewide**, both for providers and facilities and for patients, especially in rural areas.

- Guidance from the State about **easier methods for obtaining electronic signatures** while remaining within the legalities of informed consent, patient bill of rights.

- Move to a **single or greatly reduced number of HIPAA compliant, easy to use, affordable platforms** as the vast number of different programs used currently can create difficulties in coordination of care among facilities, providers and other agencies as well as difficulties for patients who see multiple providers utilizing different systems.

  – One idea is to create a public-private partnership between DHS and a telemedicine platform company which allow for a low-cost private partnership between DHS and a telemedicine platform company which would allow for a low-cost, HIPAA compliant system used by most Minnesota providers.

- Additional considerations arise when **interpreter services** are required

Limitations of the Study

- The study cannot speak to the efficacy of Telemedicine.
- Does not incorporate experience from the perspective of Medicaid enrollees
- Limited to Claims Data
- Difficult to disentangle what impacts were related to telemedicine and what were related to other variables related to the impacts of the public health emergency
- Limited Resources: budget constraints and COVID response limited the resources to work exclusively on this study

Recommendations and Next Steps

- Support legislative changes for making certain waiver provisions permanent

- Conduct additional provider-based focus groups.

- Gather input directly from Medicaid and MinnesotaCare enrollees

- Continue to gather and monitor data over time.

- Advocate and prioritize funding for telehealth infrastructure development.

Thank you!

The Telemedicine Utilization Report can be found at:
https://mn.gov/dhs/assets/telemedicine-utilization-report-2020_tcm1053-458660.pdf

Access & Equity in Medicaid Policy

Kendra Muckle

Office of Health Insurance Programs
Division of Program Development and Management

Megan Prokorym

Office of Primary Care and Health Systems Management
Health Care Transformation Group

Regulatory Modernization Initiative (RMI)
2017 Report: Spurring Health Care Innovation Through Regulatory Modernization

- 2015 Medicaid Telehealth Policy

- Participation:
  - ➢ RMI Telehealth Work Group Members

- Policy Outcomes:
  - Medicaid members' home as eligible originating site
  - No approval/registration process for DOH-licensed providers
  - Increased regulatory alignment among government agencies

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Prior to the Public Health Emergency:

Feb. 2019 Special Edition Expansion of Telehealth

- **Covered modalities (not restricted to rural areas)**:
    - Telemedicine
    - Store-and-forward technology
    - Remote patient monitoring

- **Originating sites**: include non-clinical locations and the home/other temporary locations in or outside of NYS

- **Distant sites**: expansive list of providers/covered services including FQHCs

- **Activities**: Medicaid Redesign Team II Telehealth Proposals

During the Public Health Emergency:
Comprehensive Guidance Regarding Telehealth Including Telephonic Services

- Coverage of <u>all</u> Medicaid providers in <u>all</u> situations for a wide variety of communication methods, to the extent appropriate for the member and within the provider's scope of practice.

  - Includes telephonic assessment, monitoring and evaluation management services under specialized rules through six payment pathways.

  - No restrictions to the originating site.

- Fast Track of Medicaid Redesign Team II Proposals

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Medicaid Redesign Team II - Work Groups

NYS MRT II

- Behavioral Health
- Maternity
- Teledental
- High Needs

- <u>Policy Outcomes</u>: Expansion of after-hours pay increase
- <u>Data</u>: Dashboard development

Reimagine NY Commission
[Action Plan for a Reimagined NY](#)

- Connectivity Access
  - ➤ Affordable internet portal

- In-home facilitator pilot

- Telehealth access points

- Training and Education
  - ➤ [NYS Telehealth Training Portal](#)

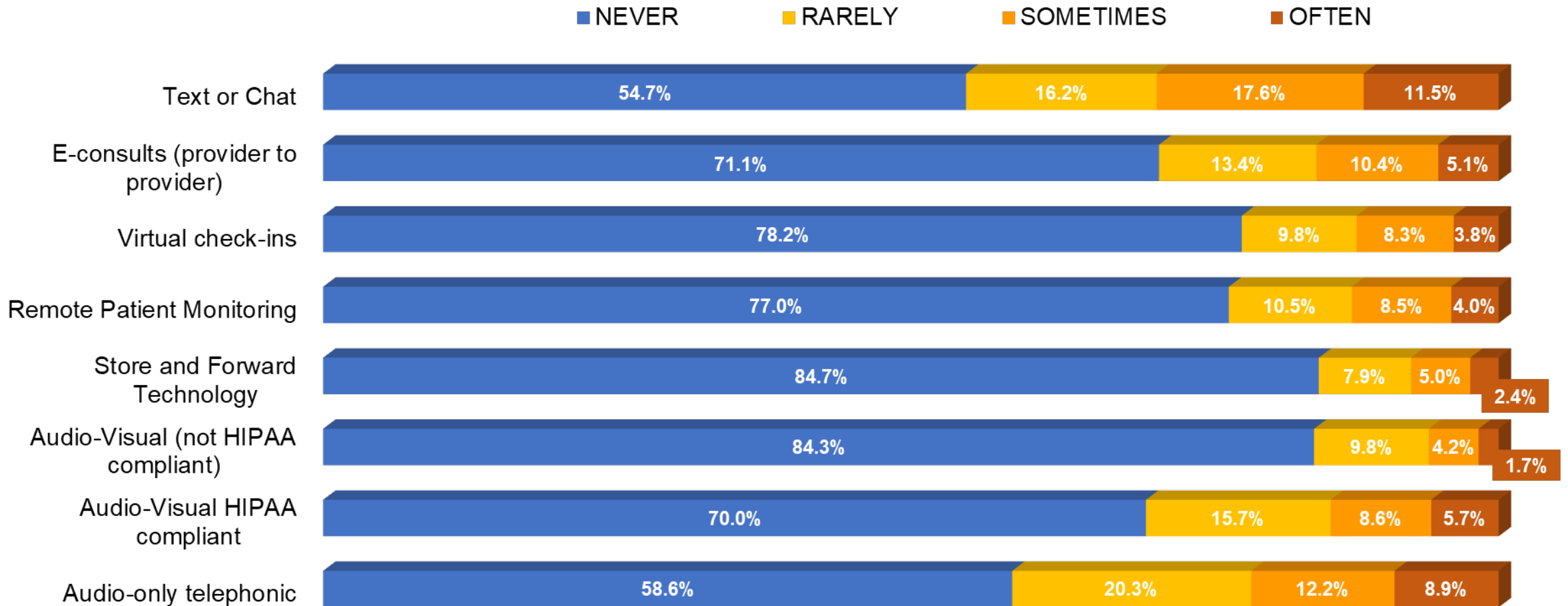NEW YORK STATE | Department of Health

All Provider Telehealth Survey

The New York State Department of Health conducted a survey of health care providers to gain knowledge of providers' experiences using telehealth during the COVID-19 State of Emergency.
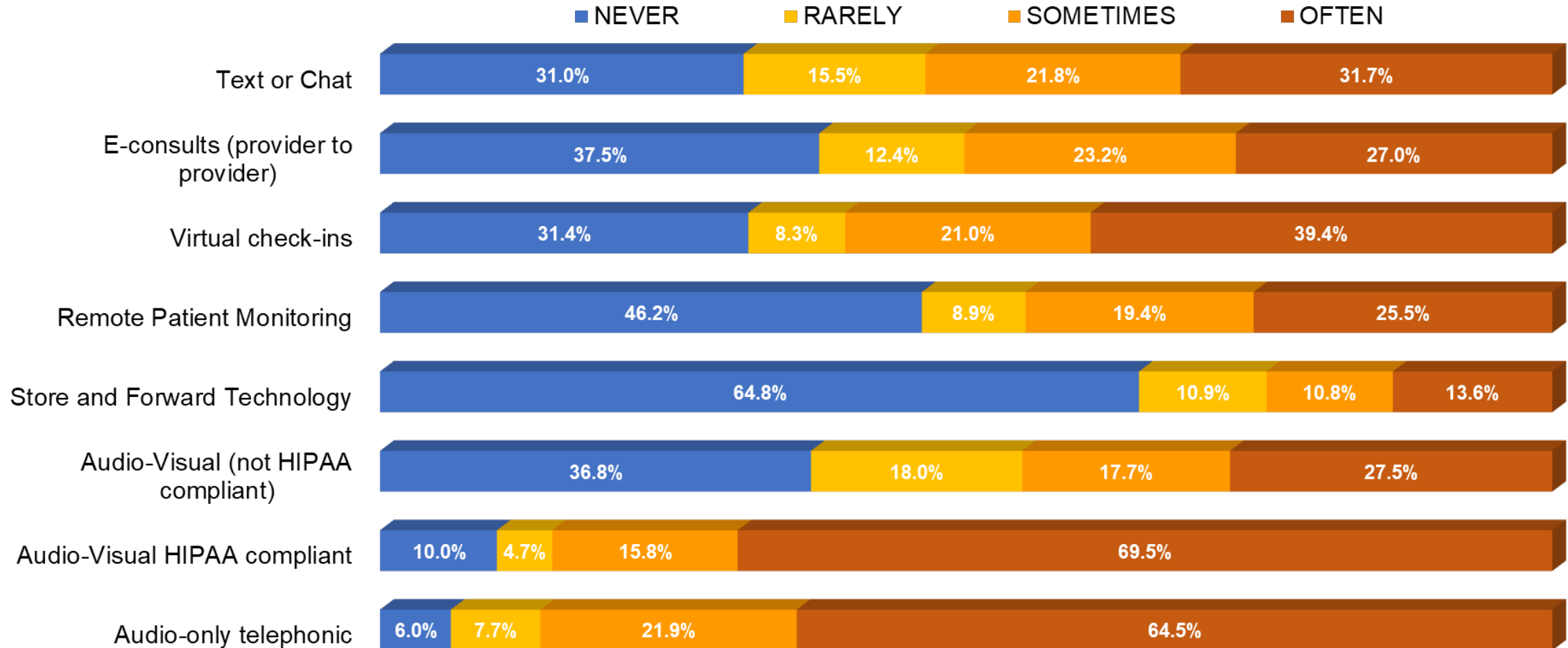
Nine hundred and ninety-three respondents (N=993) completed the *New York State All Health Care Provider Survey* administered through the SurveyMonkey platform. The survey was distributed through the Health Commerce System, Medicaid Redesign Team (MRT) Listserv and November Medicaid Update.

Prior to COVID-19 State of Emergency (March 2020), how often did your organization provide services via telehealth? N=993
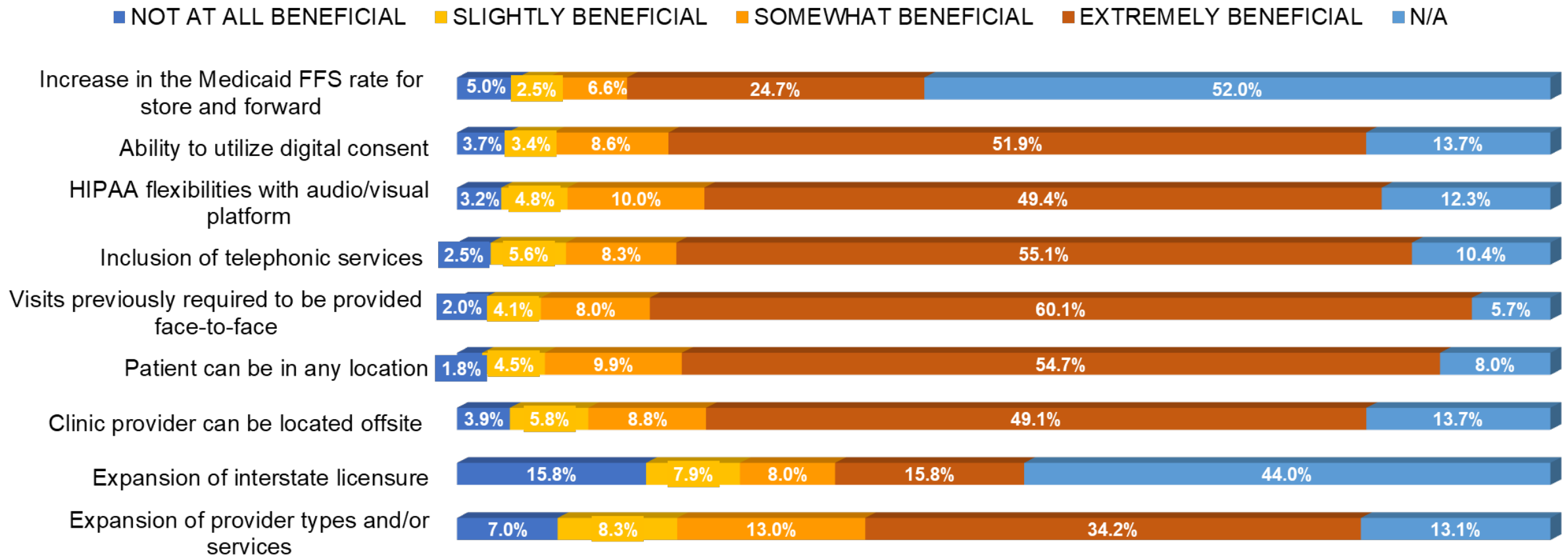

Legend: ■ NEVER ■ RARELY ■ SOMETIMES ■ OFTEN

Service	NEVER	RARELY	SOMETIMES	OFTEN
Text or Chat	54.7%	16.2%	17.6%	11.5%
E-consults (provider to provider)	71.1%	13.4%	10.4%	5.1%
Virtual check-ins	78.2%	9.8%	8.3%	3.8%
Remote Patient Monitoring	77.0%	10.5%	8.5%	4.0%
Store and Forward Technology	84.7%	7.9%	5.0%	2.4%
Audio-Visual (not HIPAA compliant)	84.3%	9.8%	4.2%	1.7%
Audio-Visual HIPAA compliant	70.0%	15.7%	8.6%	5.7%
Audio-only telephonic	58.6%	20.3%	12.2%	8.9%

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In the most recent three months, how often has your organization provided services via telehealth? N=993

	■ NEVER	■ RARELY	■ SOMETIMES	■ OFTEN
Text or Chat	31.0%	15.5%	21.8%	31.7%
E-consults (provider to provider)	37.5%	12.4%	23.2%	27.0%
Virtual check-ins	31.4%	8.3%	21.0%	39.4%
Remote Patient Monitoring	46.2%	8.9%	19.4%	25.5%
Store and Forward Technology	64.8%	10.9%	10.8%	13.6%
Audio-Visual (not HIPAA compliant)	36.8%	18.0%	17.7%	27.5%
Audio-Visual HIPAA compliant	10.0%	4.7%	15.8%	69.5%
Audio-only telephonic	6.0%	7.7%	21.9%	64.5%

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Telehealth Barriers: Patient, Provider & Structural

- **Patient Barriers**: lack of proficiency in technology (63%), lack of internet connectivity (63%) and lack of audiovisual devices (62%). This aligns with feedback from communities regarding the importance of the continuation of reimbursement for audio-only services when audio-visual is not available.

- **Provider Barriers**: surprisingly, 40% of providers reported lack of *provider* internet connectivity as a barrier. Providers also had concerns regarding lack of available high-quality platforms, and negative changes to patient/provider relationship.

- **Structural Barriers**: providers reported that cost of equipment/startup (57%) was more of a barrier than scope of practice concerns (50%) or state licensure restrictions (41%). Providers also responded that reimbursement and HIPAA/privacy concerns were barriers.

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Please indicate how beneficial each of the below telehealth flexibilities have been to your organization. N=993

■ NOT AT ALL BENEFICIAL ■ SLIGHTLY BENEFICIAL ■ SOMEWHAT BENEFICIAL ■ EXTREMELY BENEFICIAL ■ N/A

	NOT AT ALL BENEFICIAL	SLIGHTLY BENEFICIAL	SOMEWHAT BENEFICIAL	EXTREMELY BENEFICIAL	N/A
Increase in the Medicaid FFS rate for store and forward	5.0%	2.5%	6.6%	24.7%	52.0%
Ability to utilize digital consent	3.7%	3.4%	8.6%	51.9%	13.7%
HIPAA flexibilities with audio/visual platform	3.2%	4.8%	10.0%	49.4%	12.3%
Inclusion of telephonic services	2.5%	5.6%	8.3%	55.1%	10.4%
Visits previously required to be provided face-to-face	2.0%	4.1%	8.0%	60.1%	5.7%
Patient can be in any location	1.8%	4.5%	9.9%	54.7%	8.0%
Clinic provider can be located offsite	3.9%	5.8%	8.8%	49.1%	13.7%
Expansion of interstate licensure	15.8%	7.9%	8.0%	15.8%	44.0%
Expansion of provider types and/or services	7.0%	8.3%	13.0%	34.2%	13.1%

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No responses provided for **Inclusion** of any service **appropriate** for delivery via telehealth.

Interagency Policy Alignment

- Department of Health
- Office of Mental Health
- Office of Addiction Supports and Services
- Office for People with Developmental Disabilities
- Office for Children and Family Services
- Department of Financial Services

- <u>Data</u>: Claims, Provider Surveys
- <u>Policy Outcomes</u>: Telehealth Reform Initiatives

Telehealth Reform Initiatives

- Regulatory modernization and alignment

- Covered locations – no originating site restrictions

- Covered providers

Access and Equity Goals

Areas of exploration:

- Increase utilization of services already covered via telehealth
- Behavioral health services – adopt a hybrid model of care to offer the member choice of service delivery
- E-Triage to reduce ED over-utilization
- E-Consults and care management to improve outcomes
- Support providers looking to expand telehealth and address connectivity gaps through telehealth in their communities

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NYSDOH Bridging Gaps in Care Through Telehealth

Questions: telehealth@health.ny.gov

The state's largest health care purchaser

We purchase care for 1 in 3 non-Medicare Washington residents.
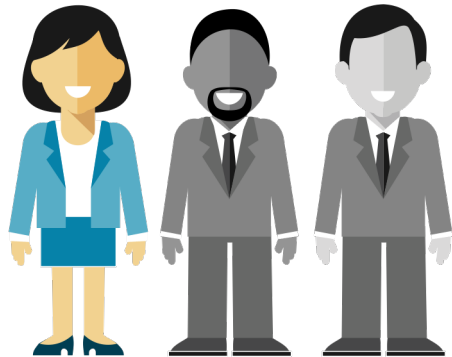
▶ We purchase health care for more than 2.5 million Washington residents (1/3 of the state) through:

  ▶ Apple Health (Medicaid)

    ➤ 1.9M as of August 2020

    ➤ 85% in Managed Care

    ➤ 5 MCOs

  ▶ The Public Employees Benefits Board (PEBB) Program

  ▶ The School Employees Benefits Board (SEBB) Program

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Pre-pandemic state of telehealth

- For Medicaid, broadly flexible policy applicable to **many types of services and providers in different settings**
  - ▶ Telemedicine coverage; parity in place since 2018
  - ▶ eConsults/store and forward in specific specialties

- **Regular engagement** with partners and community

Pandemic response

- **Policy changes** to support continuity of care during crisis
  - ▶ Allowed non-HIPAA compliant audio/visual and audio only services
  - ▶ Broadened econsults
  - ▶ Additional coverage of patient portal, virtual check-in

- **Direct support** for providers and patients

- Collaboration with **partners in telehealth**

Telehealth adoption in WA state
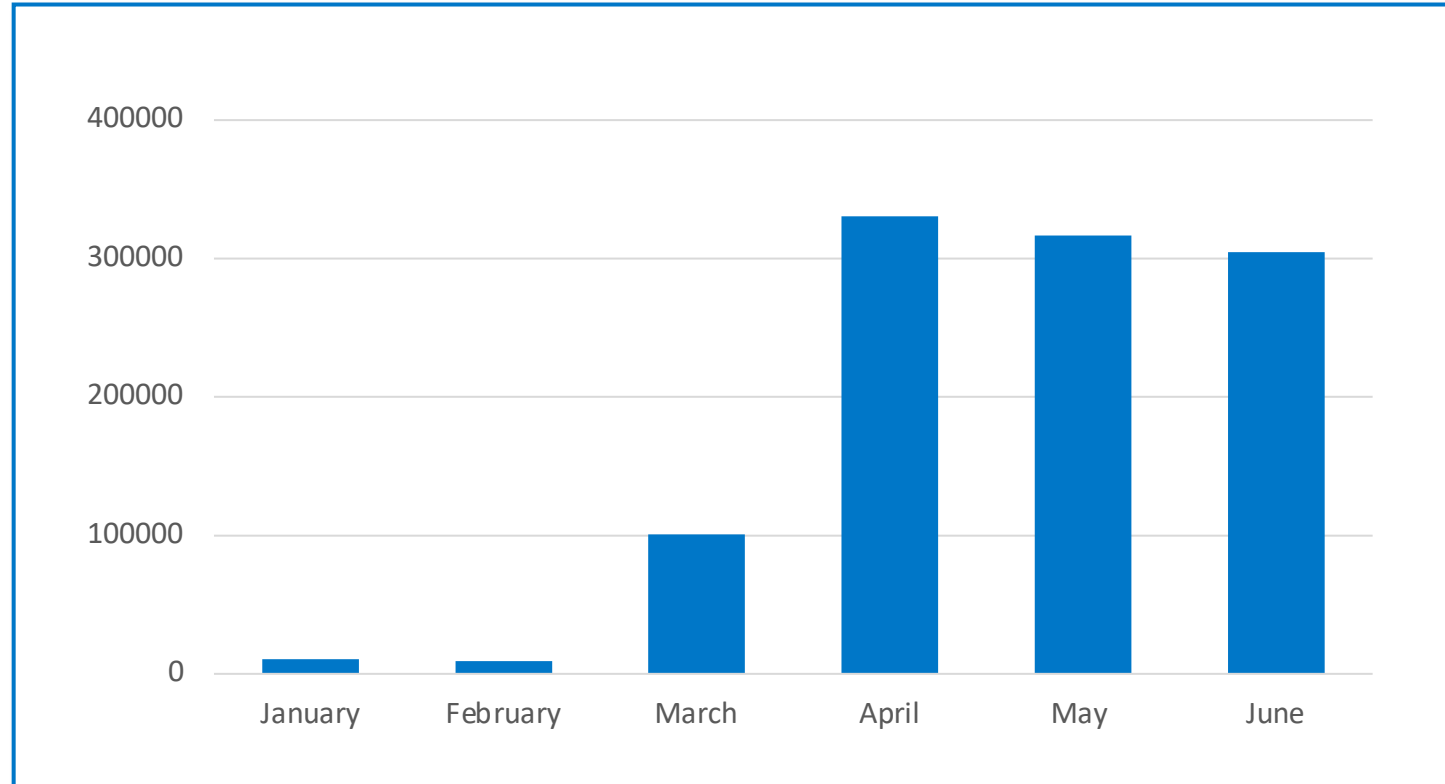
Medicaid claims per month provided via telehealth, Jan 2020 – Jun 2020

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West Coast Compact Telehealth Principles

Access	Confidentiality	Equity	Standard of Care
	Stewardship	Patient choice	Payment/reimbursement

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Access

▶ Telehealth should be used as a means to promote adequate, culturally responsive, patient-centered equitable access to health care, and to ensure provider network adequacy.

Confidentiality

- Patient confidentiality should be protected, and patients should provide informed consent to receive care and the specific technology used to provide it.

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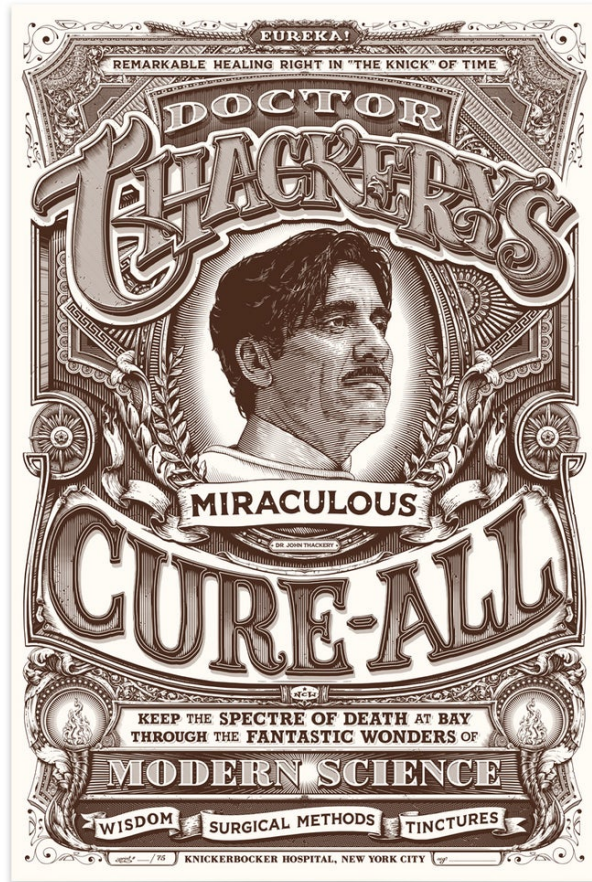
Equity

- ▶ We will focus on improving equitable access to providers and addressing inequities and disparities in care.

- ▶ Telehealth should be available to every member, regardless of race, ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, immigration status, nationality, religious belief, language proficiency or geographic location.

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Standard of Care

▶ Standard of care requirements should apply to all services and information provided via telehealth, including quality, utilization, cost, medical necessity and clinical appropriateness.

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Stewardship

▶ Our states will require the use of evidence-based strategies for the delivery of quality care, and will take steps to mitigate and address fraud, waste, discriminatory barriers and abuse.

Patient Choice

▶ Patients, in conjunction with their providers, should be offered their choice of service delivery mode. Patients should retain the right to receive health care in person.

Payment / Reimbursement

▶ Reimbursement for services provided via telehealth modalities will be considered in the context of individual state's methods of reimbursement.

Figure 4: Progress toward HCA's 90 percent VBP adoption goal

- 2016 Actual: 30% VBP
- 2017 Actual: 43% VBP
- 2018 Actual: 54% VBP
- 2019 Actual: Coming soon
- 2021: 90% VBP*
- 2020: 85% VBP
- 2019: 75% VBP
- 2018: 50% VBP
- 2017: 30% VBP
- 2016: 20% VBP
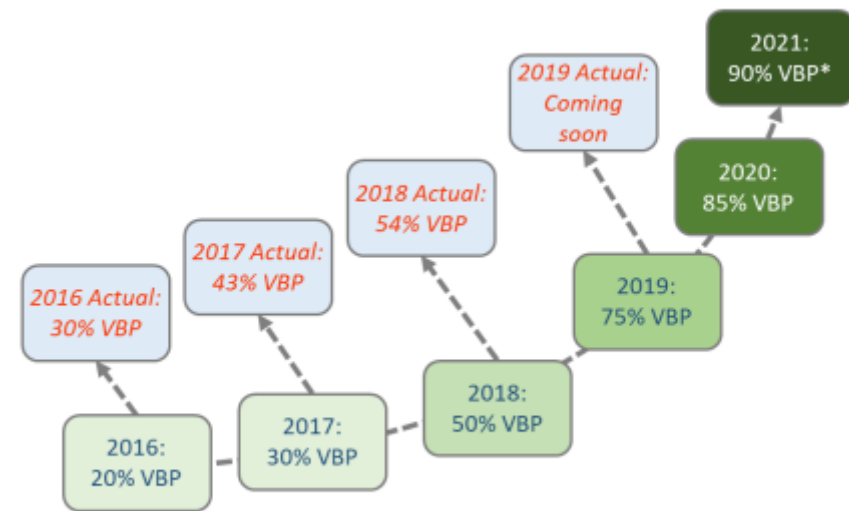
The 2021 VBP target will be 85% rather than 90% due to COVID-19 considerations.

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Additional references

- [Paying for and Delivering Telehealth in the Covid Era: Early Groundwork in WA Medicaid](#)

- [Medicaid Medical Directors Network: Perspectives on Telehealth Modernization](#)

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Discussion / Q&A

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Panel Q&A

Please submit questions using the Q&A function.

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Thank You!

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Georgia Department of Community Health

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- Catherine Ivy, Deputy Executive Director, Georgia Department of Community Health

Kansas Department of Health and Environment

- Brenda Kuder, Contract Nurse Consultant, Kansas Department of Health and Environment

- Fran Seymour-Hunter, Interagency Liaison, Kansas Department of Health and Environment, Division of Health Care Finance