

Rethinking Telehealth Policy After the First COVID-19 Surge

June 12, 2020, 12:00 PM ET

STATE
Health & Value
STRATEGIES
COVID-19

A grantee of the Robert Wood Johnson Foundation

About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

*Support for this meeting was provided by the Robert Wood Johnson Foundation.
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Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **www.shvs.org**.

COVID-19 Resources for States

State Health and Value Strategies has created an accessible one-stop source of COVID-19 information for states at www.shvs.org/covid19/. The webpage is designed to support states seeking to make coverage and essential services available to all of their residents, especially high-risk and vulnerable people, during the COVID-19 pandemic.

About Manatt Health

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 160 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving health care policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for, and delivering care. For more information, visit www.manatt.com/ManattHealth.aspx

About Georgetown's Center on Health Insurance Reforms (CHIR)

- A team of experts on private health insurance and health reform.
- Conduct research and policy analysis, provide technical assistance to federal and state policymakers, regulators, and consumer advocates.
- Based at Georgetown University's McCourt School of Public Policy.
- Learn more at <https://chir.georgetown.edu/>

Webinar Objectives



Review the current telehealth policy landscape for Medicaid and commercial coverage and considerations for states as they design their telehealth policies in the next phase of the pandemic

Discuss the steps states have taken so far and how states are thinking about near-term telehealth policy change, with presentations from Massachusetts and Colorado

Agenda

- Medicaid and Medicaid Managed Care Telehealth Policy Responses to COVID-19
- Commercial Market Telehealth Policy Issues Related to COVID-19
- State Spotlights: Massachusetts and Colorado
- Questions



MEDICAID AND MEDICAID MANAGED CARE TELEHEALTH POLICY RESPONSES TO COVID-19

Reminder: State Telehealth Policy



“States have a great deal of flexibility with respect to covering Medicaid and CHIP services provided via telehealth. States have the option to determine whether (or not) to utilize telehealth; what types of services to cover; where in the state it can be utilized; how it is implemented; what types of practitioners or providers may deliver services via telehealth...and reimbursement rates.”

Source: CMS. [State Medicaid & CHIP Telehealth Toolkit: COVID-19 Version](#).

Pre-COVID Medicaid Telehealth Trends

Topic	# States in 2013	# States in 2019
States defining 'telehealth' or 'telemedicine'	27	43
States reimbursing for live video	44	51
States reimbursing for store and forward	6	14
States reimbursing for remote patient monitoring	6	14
States with geographic limitations	10	5

Source: Center for Connected Health Policy. [State Telehealth Medicaid Fee-For-Service Policy](#). 2020.

State Medicaid Telehealth Policy Changes in Response to COVID



- 48 states + D.C. issued guidance related to the expansion of telehealth coverage during the COVID-19 pandemic
- 38 states + D.C. are covering audio-only telehealth services
- 32 states + D.C. are covering occupational therapy, physical therapy, and speech therapy services through telehealth
- 13 states are covering telehealth for early childhood intervention services
- 13 states are covering EPSDT well-child visits

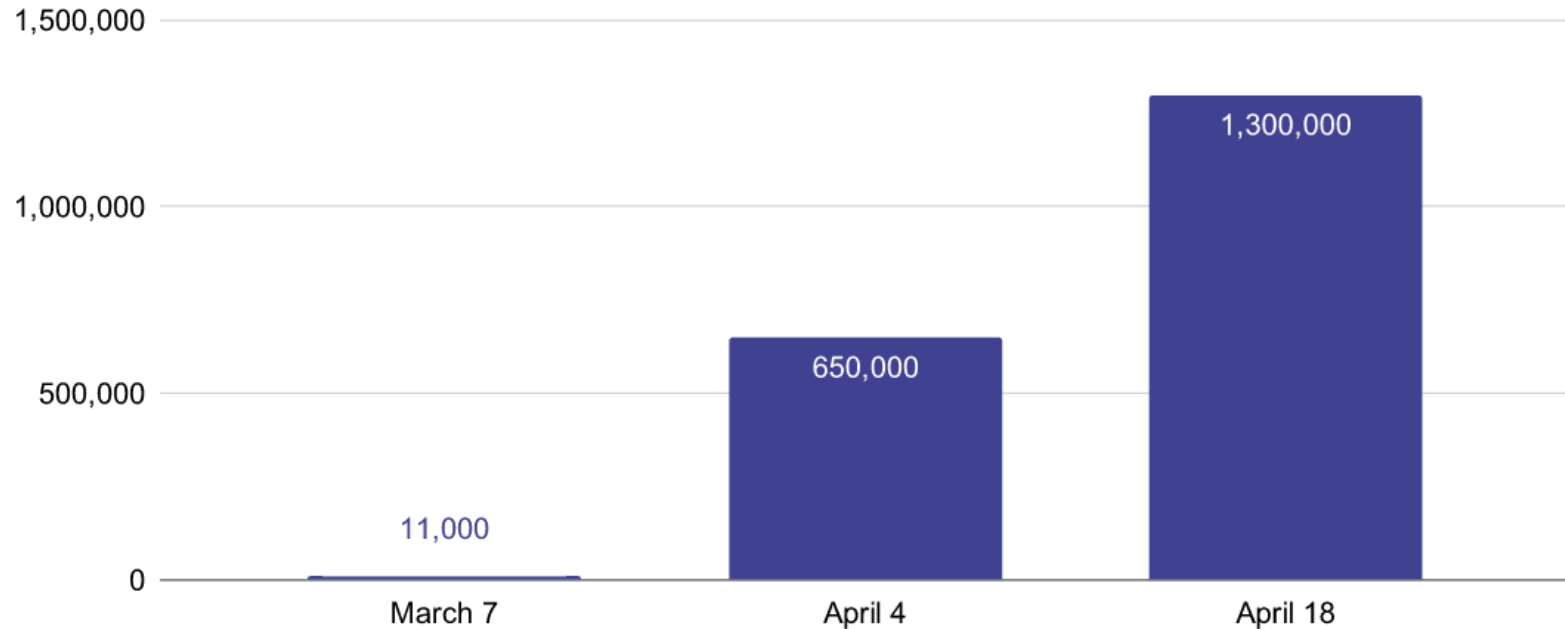


Source: Manatt. [Executive Summary: Tracking Telehealth Changes State-by-State in Response to COVID-19.](#)

Telehealth Utilization During COVID

Telehealth volume in Medicare up over 100x from early-March to mid-April.

Medicare beneficiaries receiving telehealth services in the weeks ending March 7, April 4 and April 18

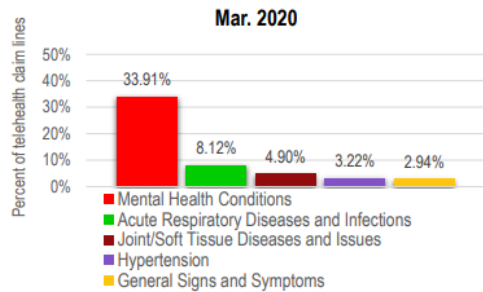
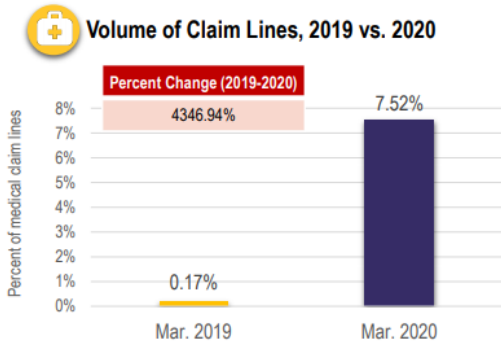


Source: Rebecca Pifer/Healthcare Dive. Data from CMS.

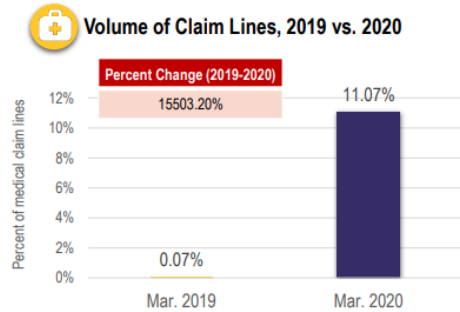
Telehealth Utilization During COVID (Continued)

Telehealth commercial claims up more than 4000% with regional variation.

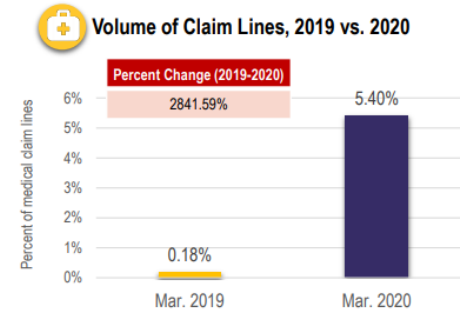
National



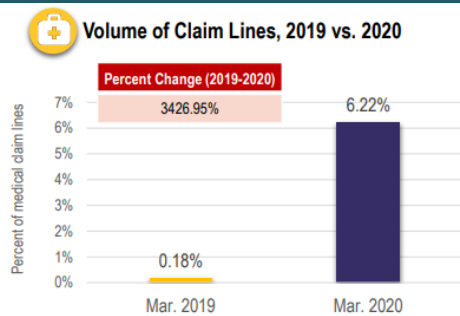
Northeast



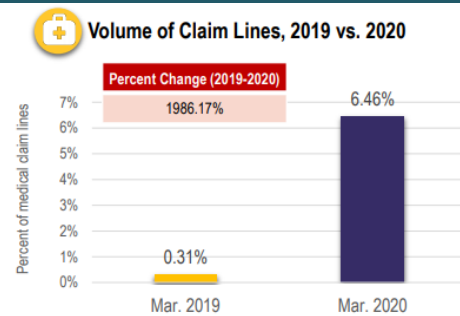
Midwest



South



West



Source: FAIR Health. [Monthly Telehealth Regional Tracker](#). March 2020.

Inequities in Access to Telehealth

There are significant inequities in access to telehealth for low-income Americans that are exacerbated for rural residents, racial/ethnic minorities, older adults, those with limited health literacy and those with limited English proficiency.



Awareness

Only 1 in 3 Americans had used telemedicine with lower rates in Medicaid



Broadband Access

Only 56% of low-income Americans have broadband at home



Technology Access

Only 71% of low-income Americans own a smartphone



Technology Literacy

Only 53% of low-income Americans have basic digital literacy



Language Barriers

25 million Americans speak little English and are disproportionately low-income

Sources: [Pew](#); [NEJM Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic](#); [Telehealth Wasn't Designed for Non-English Speakers](#); [Are State Telehealth Policies Associated With The Use Of Telehealth Services Among Underserved Populations?](#).

Policy Design Considerations for Next Stage of Pandemic



Achieving access objectives in a budget-constrained environment.

- Likely significant increases in Medicaid enrollment
- Highly constrained state budget environment
- Desire to use telehealth as a tool for improving access and maintaining continuity of care in high-COVID prevalence areas and for high risk beneficiaries



Decisions on which temporary changes to keep and timing of change vis-à-vis concerns about second wave.

- Analysis of which temporary policy changes should be sustained, changed or sunsetted
- Timing of policymaking
- Consideration of 'medium term' policy / "togglng"



Addressing barriers to consumer uptake, access and equity.

- Promoting awareness
- Expanding broadband access
- Increasing smartphone access
- Improving technology literacy
- Addressing language barriers
- Providing private spaces

Policy Design Considerations for Next Stage of Pandemic (Continued)



Facilitating telehealth uptake and access for safety-net providers.

- Awareness
- Resource constraints
- Broadband access
- Technology access and HIPAA-compliant tech
- Technology literacy and training



Coverage and reimbursement alignment with Medicare and commercial payors.

- Most Medicare changes require legislation to sustain after PHE ends
- Many commercial payors starting to scale back telehealth coverage
- Some state legislatures actively considering new telehealth legislation

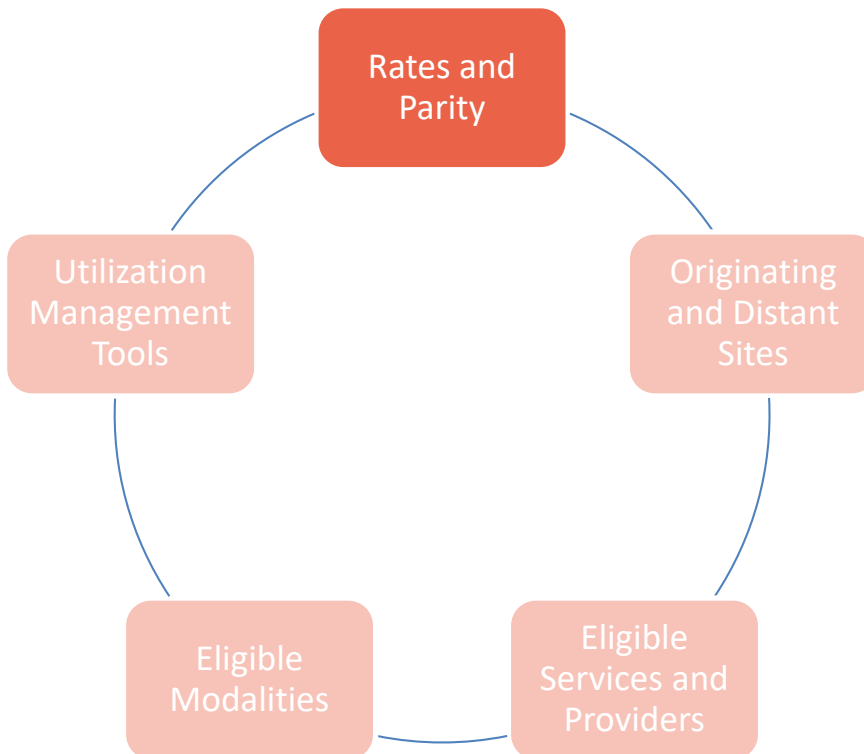


Measurement of quality, outcomes and cost.

- Developing systems to understand impact on outcomes, quality, and cost across different demographic groups and populations
- NCQA adjusted HEDIS measures to incorporate growth of telehealth

*PHE = Public Health Emergency

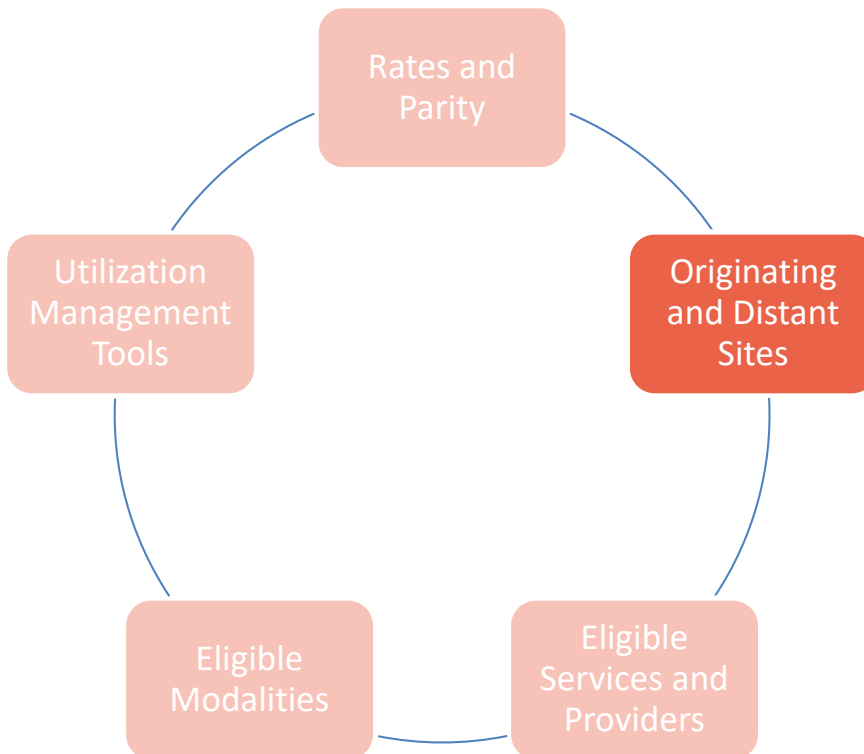
State Levers – Rates and Parity



Considerations

- Incentivizing provider uptake while balancing with budget realities and risk of unnecessary utilization
- Rates for telemedicine services (video visits) compared to the equivalent in-person service (parity, % of in-person)
- Rates for telephonic or audio-only telehealth visits

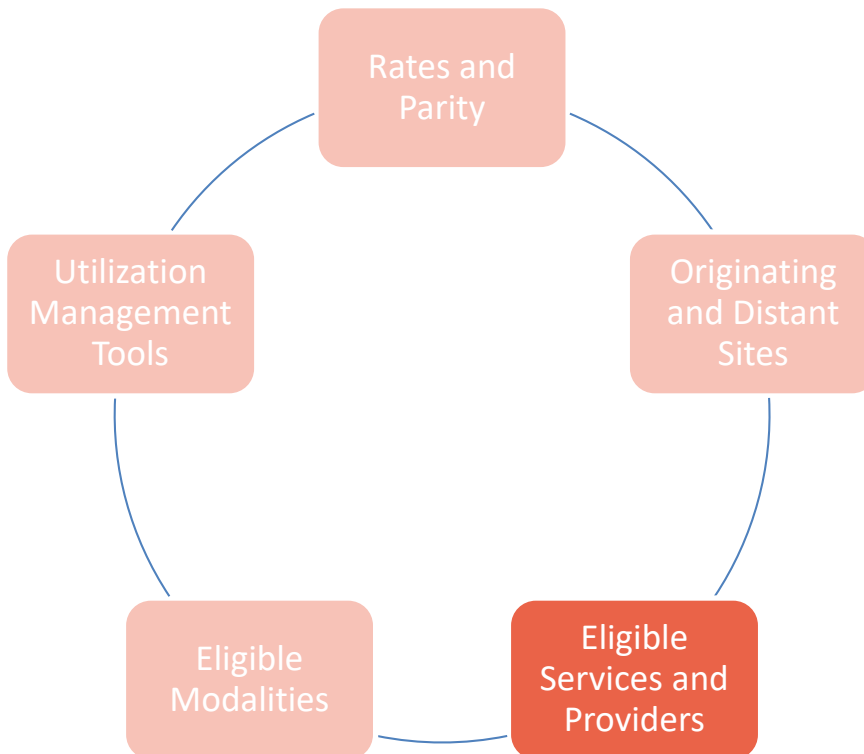
State Levers – Originating and Distant Sites



Considerations

- Geographic restrictions on originating and distant sites (e.g. rural areas, 'sufficient distance' requirements)
- Home as an originating site
- Schools and SNFs as originating sites
- Originating site fees
- FQHCs and RHCs as distant sites

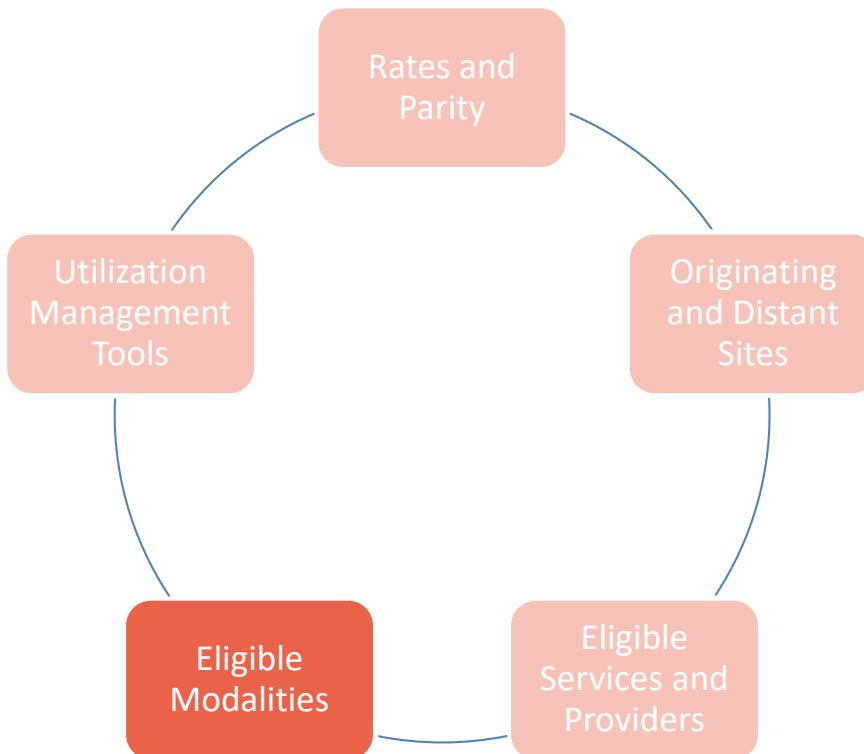
State Levers – Eligible Providers and Services



Considerations

- Eligible providers – dentists, specialized therapists, behavioral health providers, optometrists, clinical pharmacists, etc.
- Eligible services approaches
 - Define specific CPT codes
 - Leave to provider discretion
 - Follow CMS or CPT lists of telehealth-eligible services
- Special consideration for preventive health (e.g. well-child visits), dental services, specialized therapies during pandemic

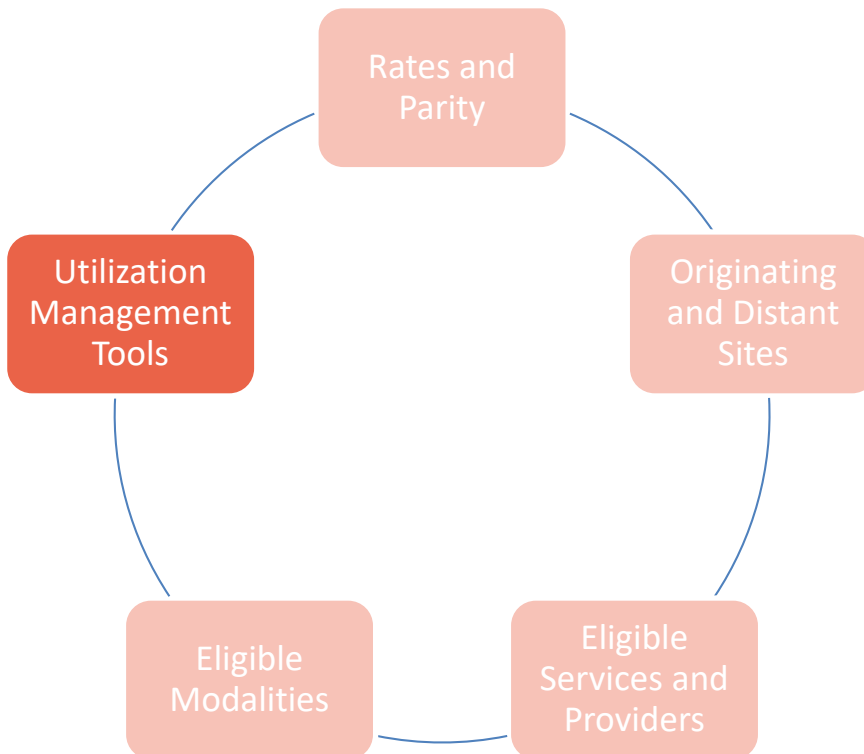
State Levers – Eligible Modalities



Considerations

- Video visits
- Audio-only
- Store and forward/eConsults
- Interprofessional consultations
- Home telehealth visits
- Remote patient monitoring

State Levers – Utilization Management Tools



Considerations

- Established patient requirements – either in general or for specific services
- Prior authorization
- Referral requirements
- Audit

Considerations for Medicaid MCOs

- Should MCOs be required to follow the FFS policy?
 - Payment rates
 - Eligible services and providers
 - Eligible telehealth modalities
 - Other requirements
- Can MCOs offer more expansive coverage than in FFS?
- What flexibilities do MCOs have related to cost sharing for telehealth services?
- Are MCOs required to cover telehealth services for all in-network providers or could they contract to a 3rd party telehealth vendor?



COMMERCIAL MARKET TELEHEALTH POLICY ISSUES RELATED TO COVID-19

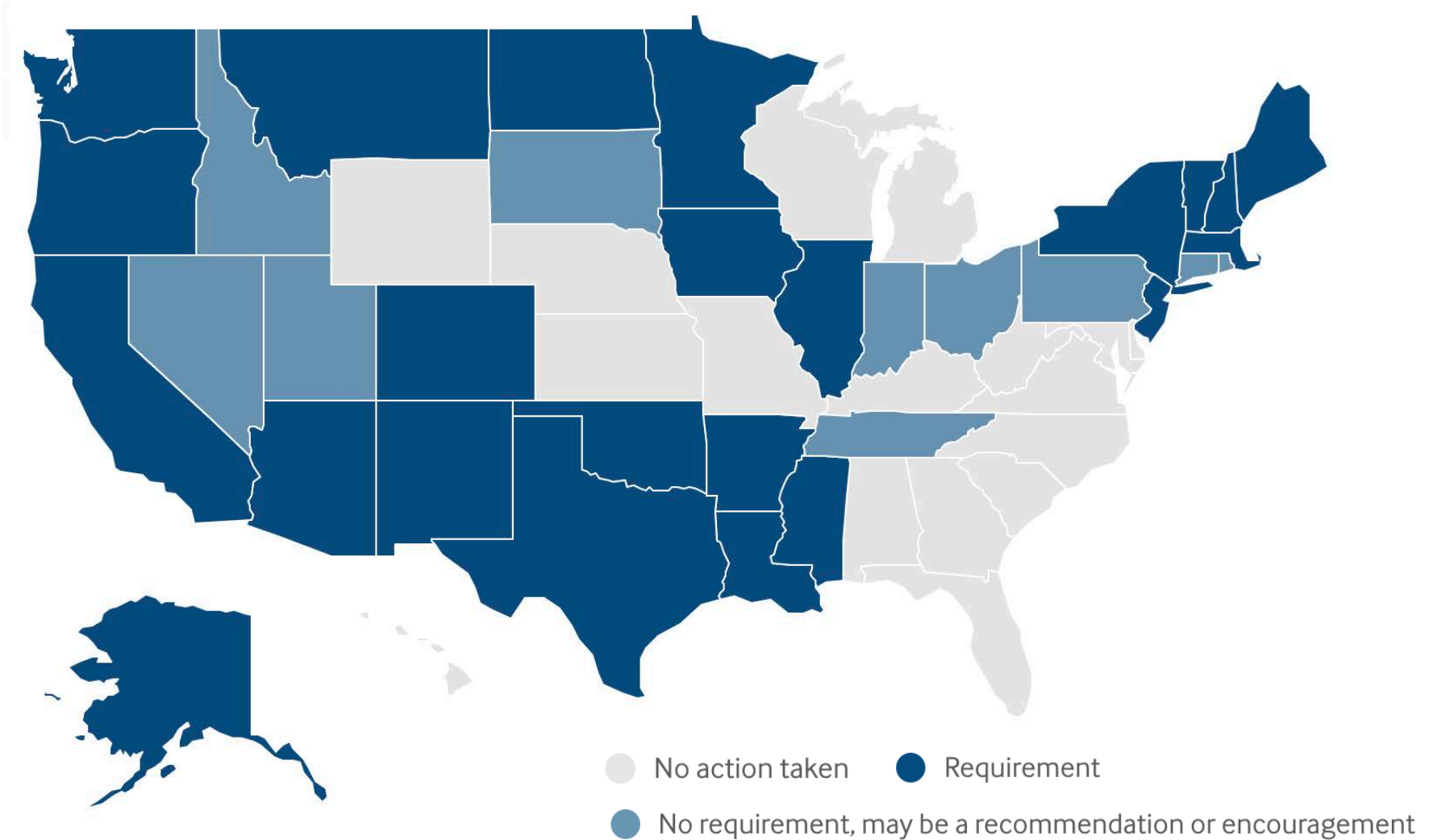
Pre-COVID Policy Landscape

- Several states advancing telehealth legislation, including:
 - Coverage requirements
 - Specifying modalities (i.e., store & forward, audio-only)
 - Expanding list of authorized providers (esp. mental health)
 - Reimbursement parity
 - Ex.: CO, LA, MI, MN, TN, VA, VT, WA

Federal Actions in Response to COVID-19

- Waiver of HIPAA privacy requirements
- Permitting mid-year benefit changes to expand coverage of telehealth
- Allowing pre-deductible coverage in catastrophic plans, HSA-eligible HDHPs
- Mandate to cover screening for COVID-19 tests via telehealth

State Action in Response to COVID-19



Source: Data collection and analysis by researchers at the Center on Health Insurance Reforms, Georgetown University

Telehealth Coverage in a Post-COVID World: Considerations for States

- Service delivery via telehealth here to stay
- What's the right balance of coverage, reimbursement, and medical management policies?
 - Coverage and/or cost-sharing parity?
 - Reimbursement parity?
 - Relaxing licensing/credentialing requirements?
 - Protection of patient privacy?
- How can states ensure these policies reduce (and do not exacerbate) existing inequities in access to care?



STATE SPOTLIGHTS: MASSACHUSETTS AND COLORADO

State Perspective: Massachusetts



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Questions

The slides and a recording of the webinar will be available at www.shvs.org after the webinar

Thank You

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