# AHCCCS Telehealth Updates

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- Largest Insurer in State with 1,898,616 members covered as of 9/1/19
- \$14.0 billion Program annually
- Mandatory Managed Care with few exceptions
- Covers over 50% of all births
- Covers two-thirds of nursing facility days
- ~74% federally funded

- Federal State Partnership
- Feds provide funding based on state income
- Feds establish minimum eligibility levels
- Feds establish mandatory/optional services
- State programs vary tremendously
  - Arizona 1115 Waiver

- 1965 Congress enacts Medicaid
- 1982 Arizona was the last state to join Medicaid
  - Created Arizona Health Care Cost Containment System (AHCCCS)
  - Established Mandatory Managed Care
- 1989 Long Term Care Added
- 1998 KidsCare Added
- 2000 Proposition 204 Expansion
- 2010 Federal Health Care Reform is enacted
- 2008-2011 Great Recession
- 2012 ACA

- Pregnant women, children and families, individuals with disabilities, and seniors
- Under the ACA, millions of uninsured, lowincome Americans gained health coverage through a major expansion of Medicaid.
  - ACA expanded Medicaid eligibility to nearly all nonelderly adults with incomes at or below 133% of the federal poverty level

# AHCCCS Telehealth Policies: Anticipated Changes for 10/1/19

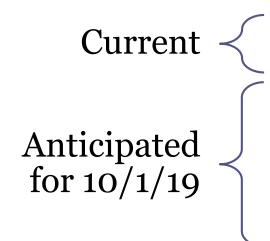


# Global approach to Telehealth Coverage

- 1. Broadening of POS allowable for distant and originating sites (including home)
- 2. Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous
- 3. No rural vs. urban limitations
- 4. MCOs retain their ability to manage network and leverage telehealth strategies as they determine appropriate
- 5. GT modifier required for real time, interactive audio video communications + POS for originating site

# AHCCCS Medical Policy Manual 320-I Telehealth and Telemedicine





• Telehealth definition

• Telehealth to be utilized as umbrella term to describe telemedicine, teledentistry, and asynchronous technologies

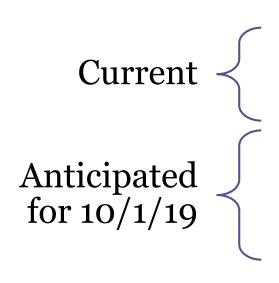
Current {
Anticipated for 10/1/19

• Real-time telemedicine limited to 17 disciplines

• No restrictions on disciplines

Current {
Anticipated for 10/1/19

- Contains high level informed consent requirements
- Defers to statute and other policies re: informed consent requirements



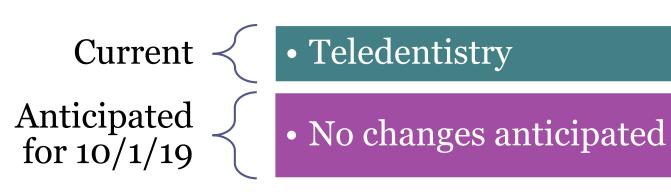
- Contains high level confidentiality requirements
- Defers to statute and other policies re: confidentiality requirements for telehealth

Current

• Asynchronous covered in very limited circumstances

- Asynchronous coverage limited to:
- Dermatology
- Radiology
- Ophthalmology
- Pathology
- Neurology
- Cardiology
- Behavioral Health
- Infectious Disease\*

Anticipated for 10/1/19



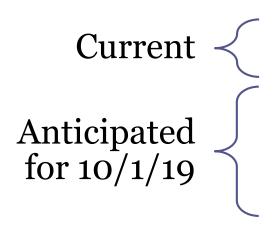
Anticipated for 10/1/19 • No restrictions on telemonitoring

- Current < Telemonitoring limited to CHF

# Telehealth Training Manual: Retiring



# AHCCCS Telehealth Training Manual



- NEMT covered to originating site
  - No change in NEMT coverage (ie, continues to be covered to originating site)

# AHCCCS Telehealth Training Manual

Current

- The following POS are listed as the available originating and distant sites:
- IHS clinic
- Tribally-governed 638 facility
- Urban clinic for Native Americans
- Practitioner Office
- Hospital
- Federally qualified health center (FQHC)

Anticipated for 10/1/19

• Broadening of POS, including home

# AHCCCS Telehealth Training Manual

Current - Attachment A with specific codes that have GT and GQ modifiers and radiological global services (26, TC) as of 1/20/11
 Anticipated for 10/1/19 - Retiring Attachment A - All telehealth coding information on AHCCCS coding resources link

#### Resources

- AHCCCS AMPM public comment
  - https://comments.azahcccs.g
     ov/ahcccs-medical-policy-manual-ampm-proposed-policy-public-comment/
- AHCCCS Coding Page
  - https://www.azahcccs.gov/Pl ansProviders/MedicalCoding Resources.html
- Coding Questions: Email-
  - CodingPolicyQuestions@azah cccs.gov



# QUESTIONS?

