



AHCCCS and Telehealth: The Public Health Emergency and Beyond

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AHCCCS Telehealth Coverage

Sara Salek, M.D.
CMO, AHCCCS

AHCCCS-At-A-Glance



Largest insurer in AZ, covering over 2 million individuals and families



>50% of all births



2/3 of nursing facility days



AHCCCS uses federal, state and county funds to provide health care coverage to the State's Medicaid population



97,373 Registered Healthcare Providers



Payments are made to 15 contracted health plans, who are responsible for the delivery of care to members

Pre-Pandemic Telehealth Updates

AHCCCS Telehealth Definition

Healthcare services delivered via asynchronous (store and forward), remote patient monitoring, teledentistry, or telemedicine (interactive audio and video).

October 1, 2019 AHCCCS Telehealth Policy Changes



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

AMPM 320-I Telehealth



Pre 10/1/19

Real-time telemedicine limited to 17 disciplines



Implemented 10/1/19

No restrictions on disciplines

AMPM 320-I Telehealth



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

AMPM 320-I Telehealth



Pre 10/1/19

Telemonitoring limited to CHF



Implemented 10/1/19

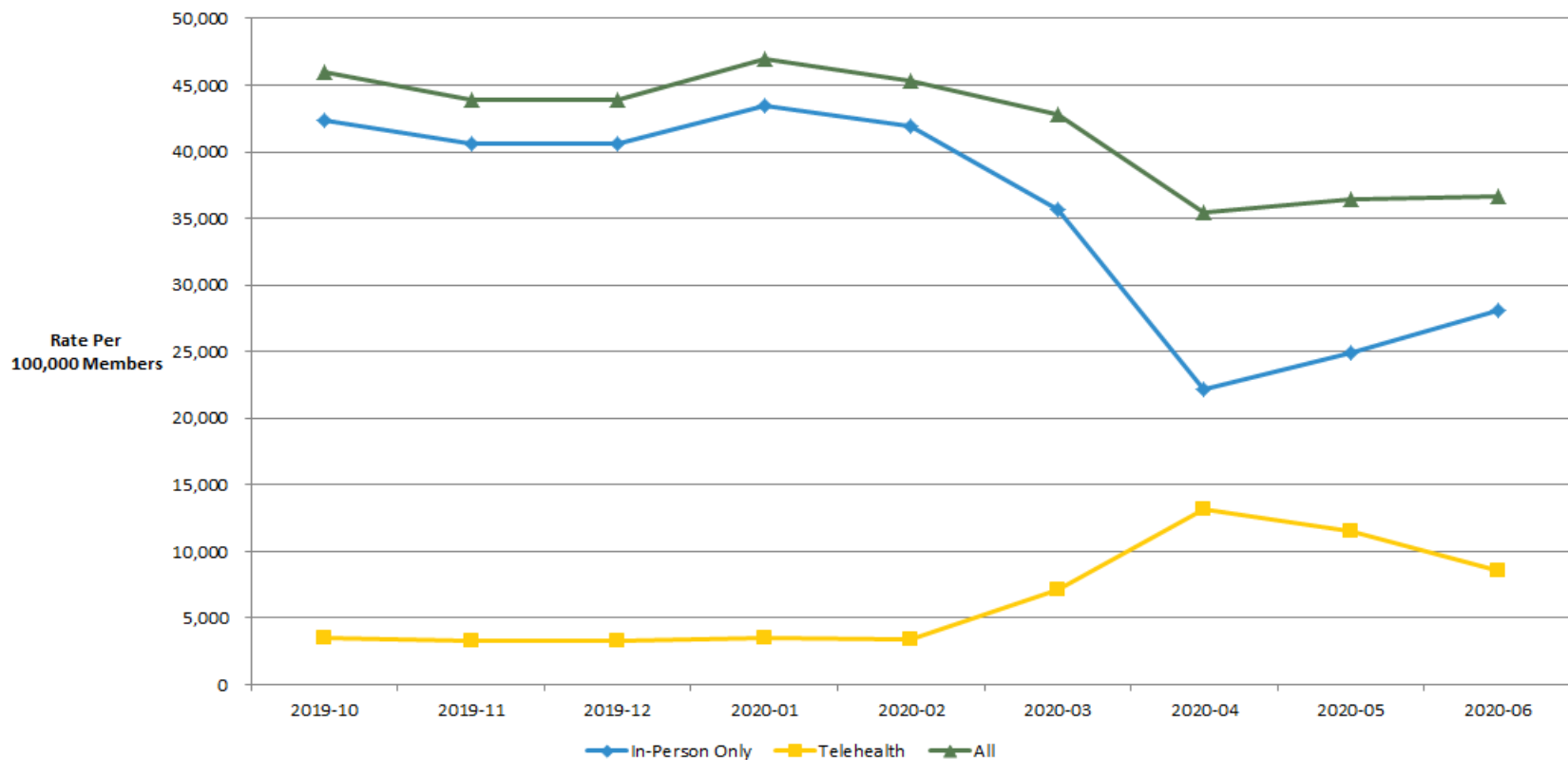
No restrictions on telemonitoring

Pandemic Telehealth Updates

AHCCCS Telehealth Major Policy Changes: COVID-19

- Created Temporary Telephonic Code Set
- Added ~150 codes to Telehealth Code Set
- AHCCCS 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

FFY20 YTD Statewide Utilization By Mode of Service Delivery (Distinct Member Count by Month, Rate Per 100,000 Enrolled Members)



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 ³	YES
Telephonic	Audio	None	02-Telehealth	Permanent Telephonic Code Set ^{3,4}	YES
Telephonic (Temporary)	Audio	UD	Originating Site ²	Temporary Telephonic Code Set ^{3,4}	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

3 Adding to master Telehealth Code Set

4 Adding audio-only to Telehealth definition; evaluating modifier and POS coding standards

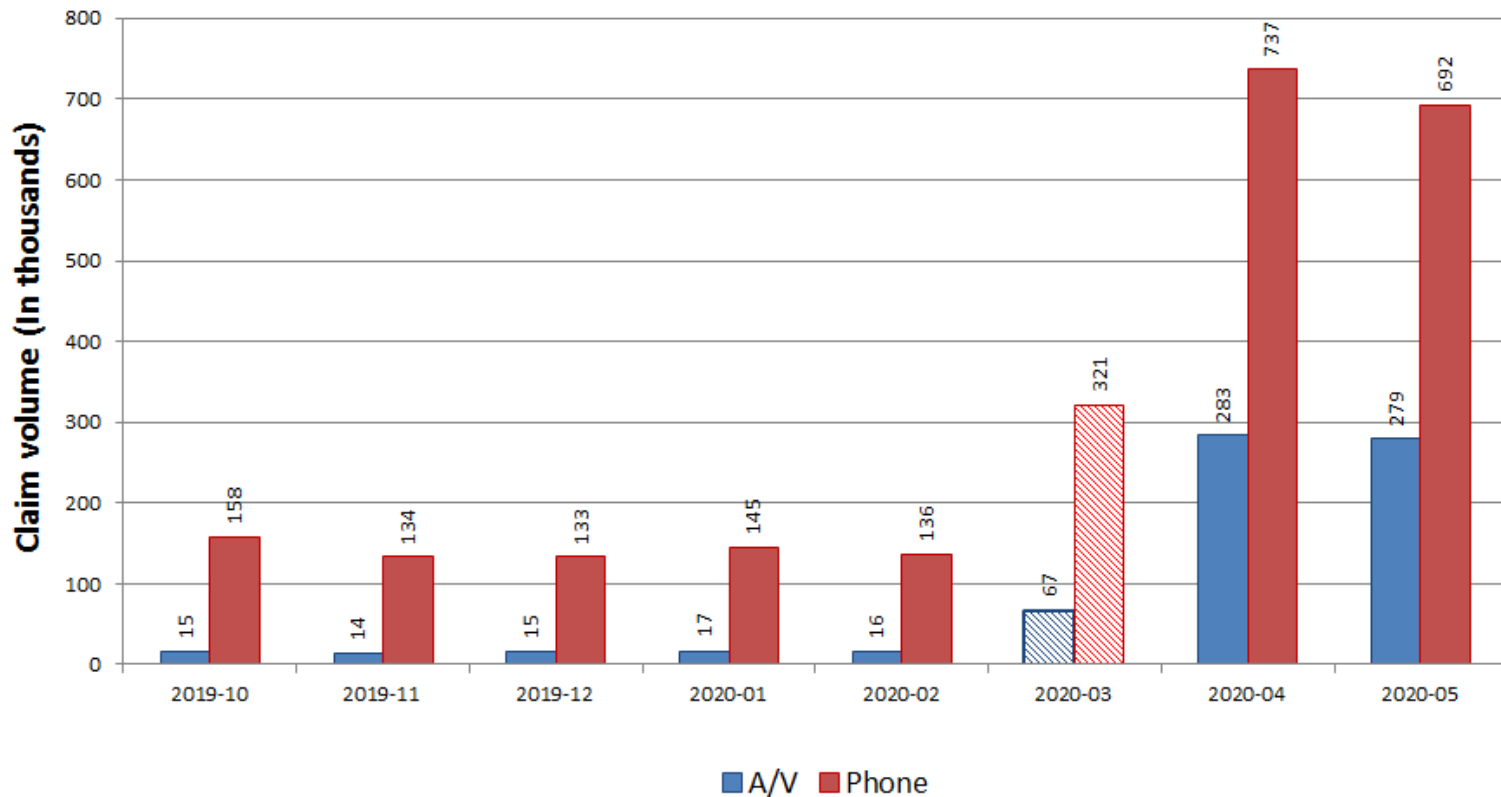
A photograph of a woman in a hospital bed, smiling and looking towards an older man and woman who are sitting on the edge of the bed. The man is wearing glasses and has his arm around the woman. The woman is also smiling. The background shows a hospital room with a window and some medical equipment. The entire image is overlaid with a semi-transparent green filter.

Impact of Implementation of the Temporary Telephonic Code Set

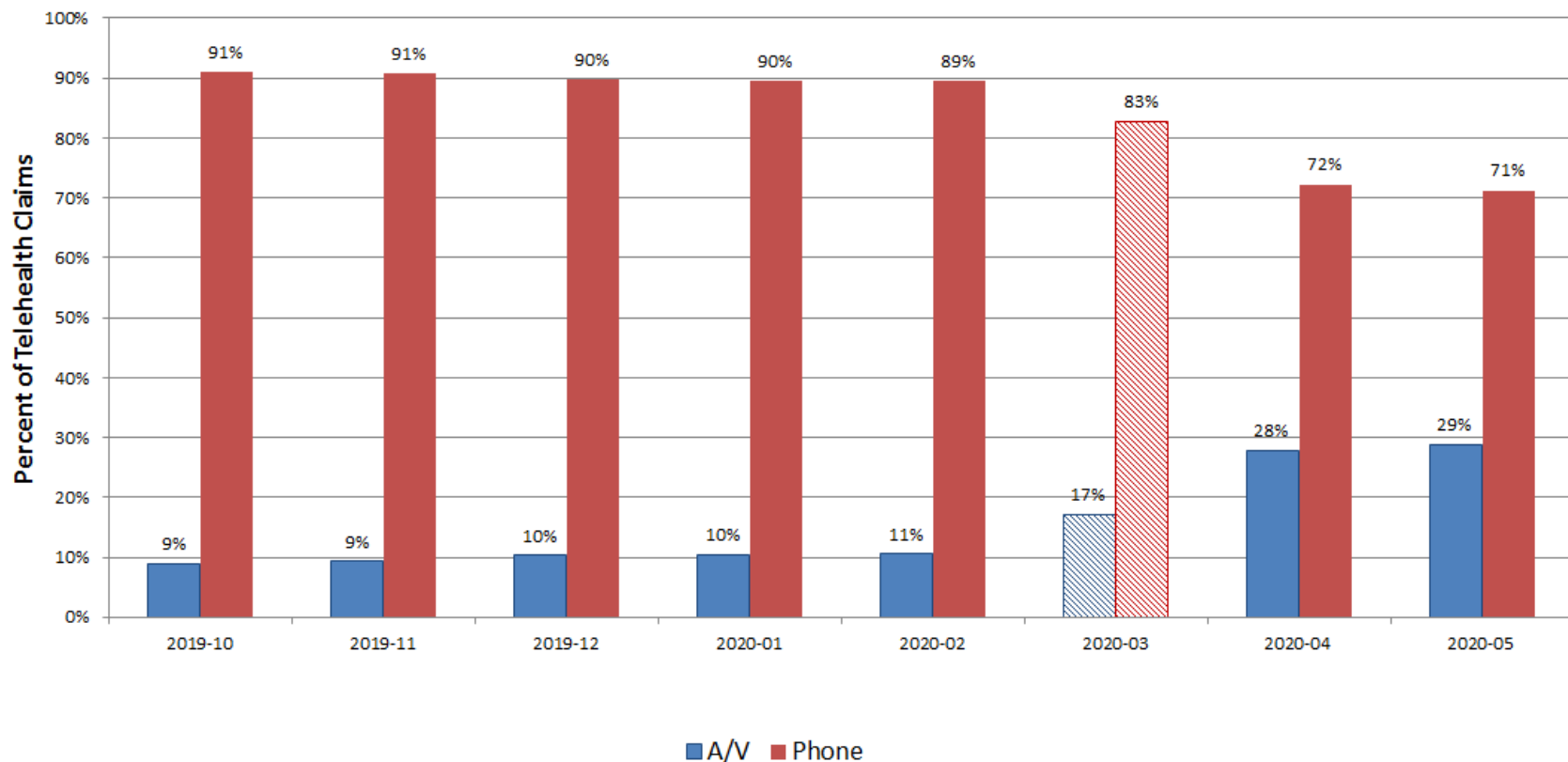
James Wang, MD
Clinical Informatics Fellow

Telephonic/Audio-Visual Comparison

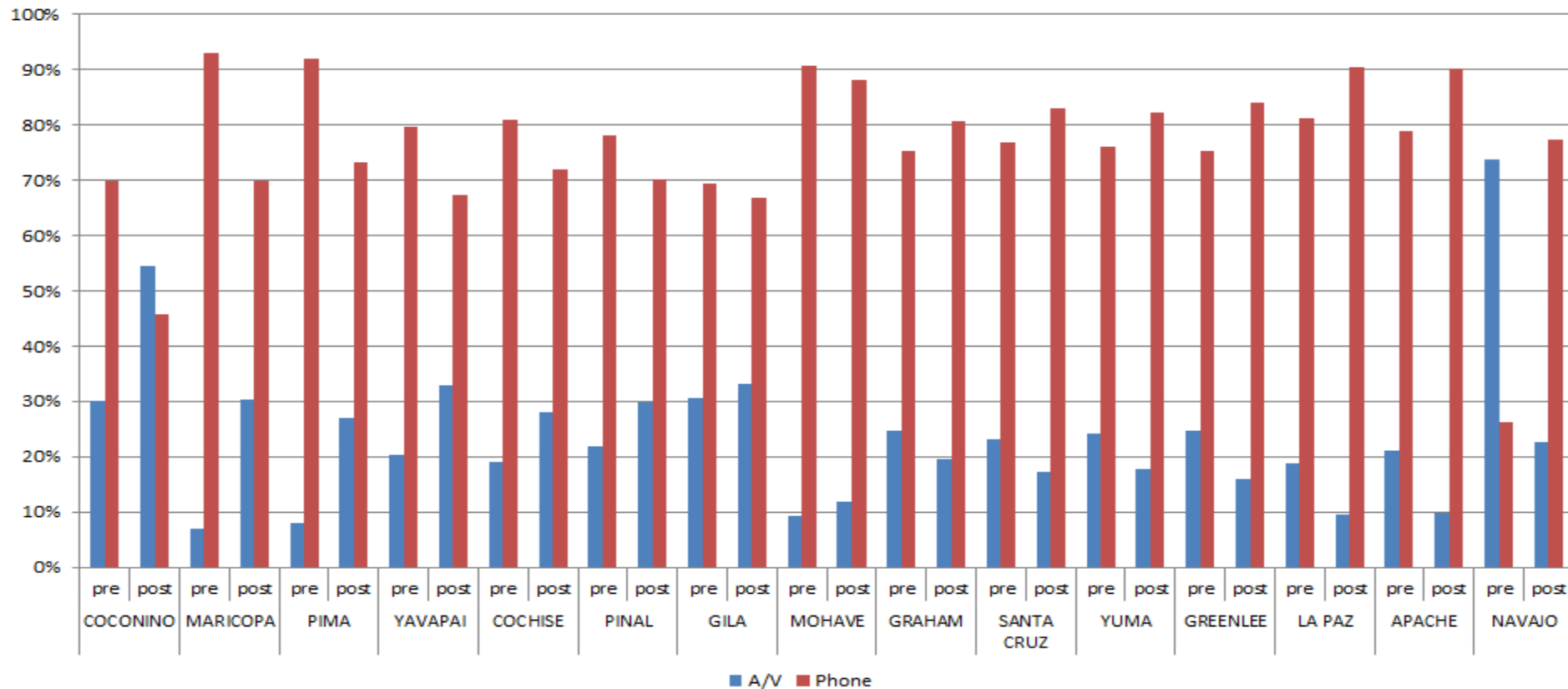
Total A/V vs. Telephonic Virtual Visits



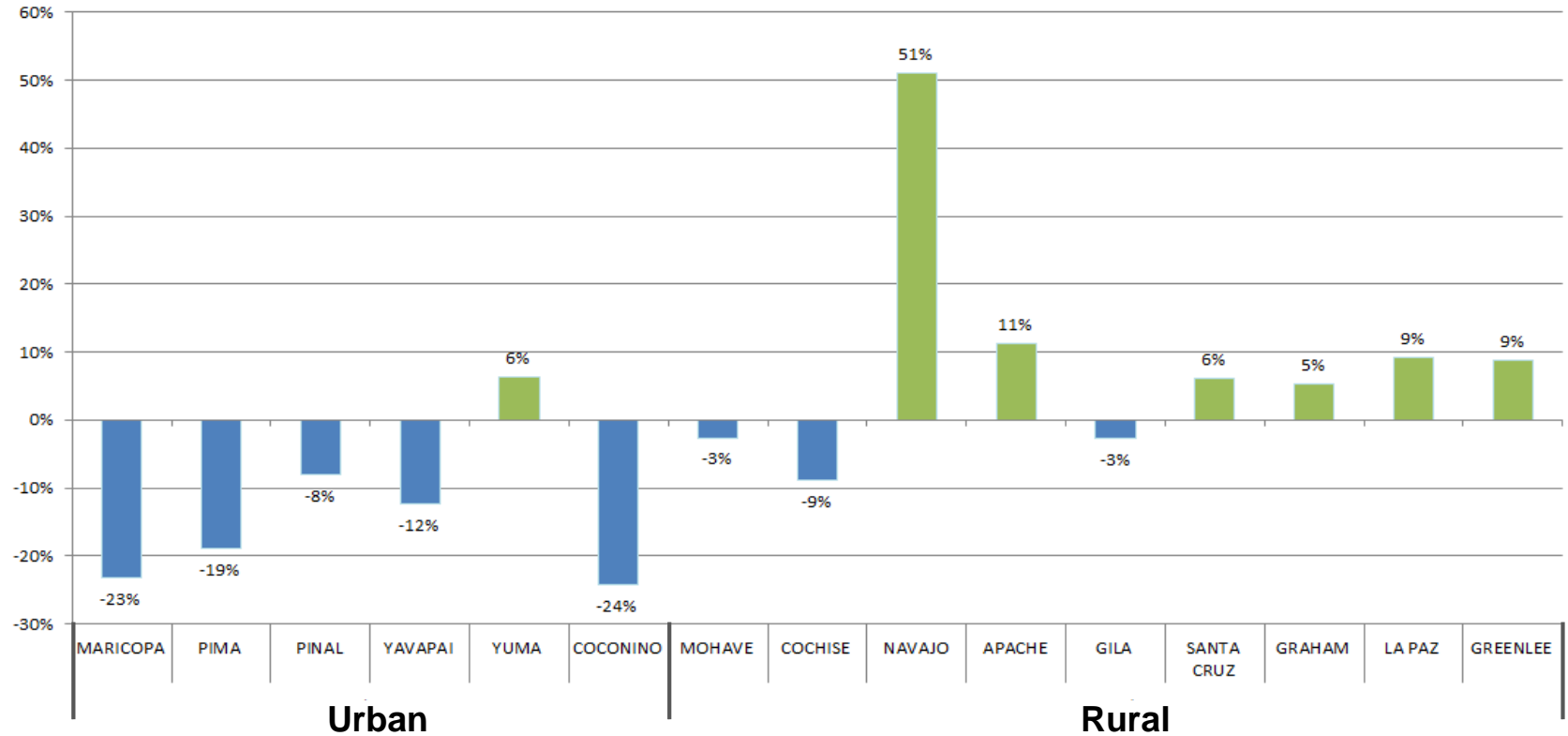
Percent A/V vs. Telephonic Claims



Percent A/V vs. Telephonic Visits Pre- and Post-Temporary Code Set Implementation (by County)



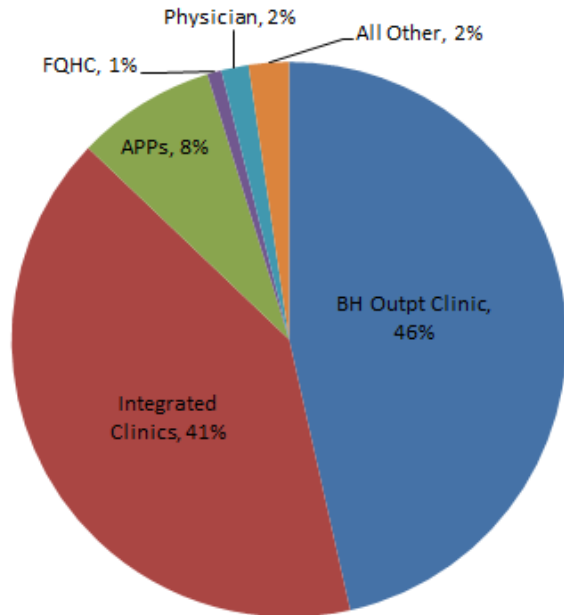
Relative % change in telephonic claims (by county and region type*)



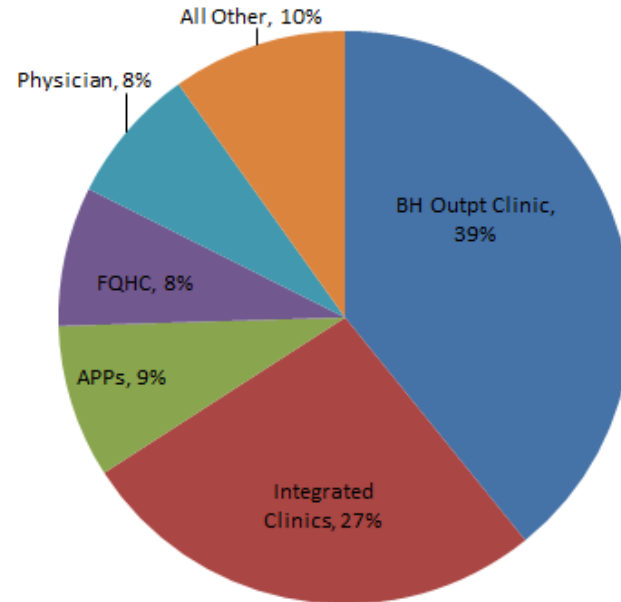
* Based on OMB designation

All Telehealth Visits by Provider Type

**Pre-Pandemic
(Jan/Feb 2020)**

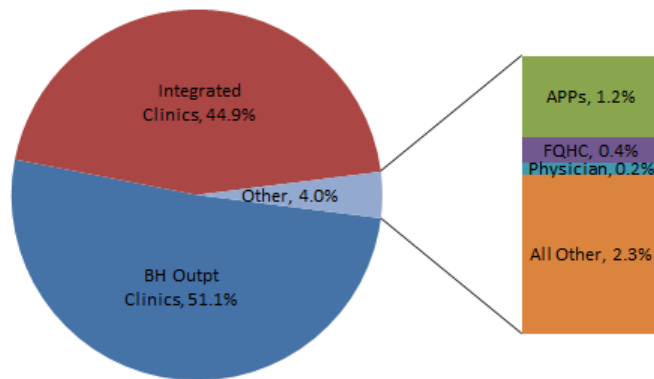


**Intra-pandemic
(Apr/May 2020)**

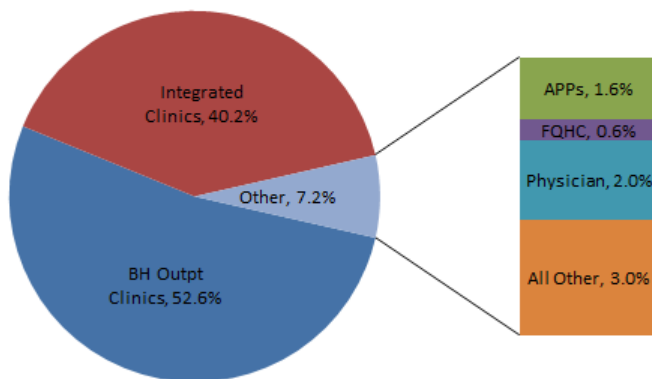


Telephonic-Specific

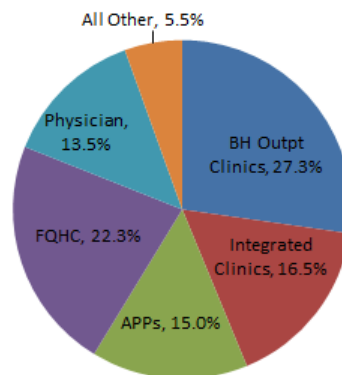
Permanent Telephonic Code Set Pre-Pandemic (Jan/Feb 2020)



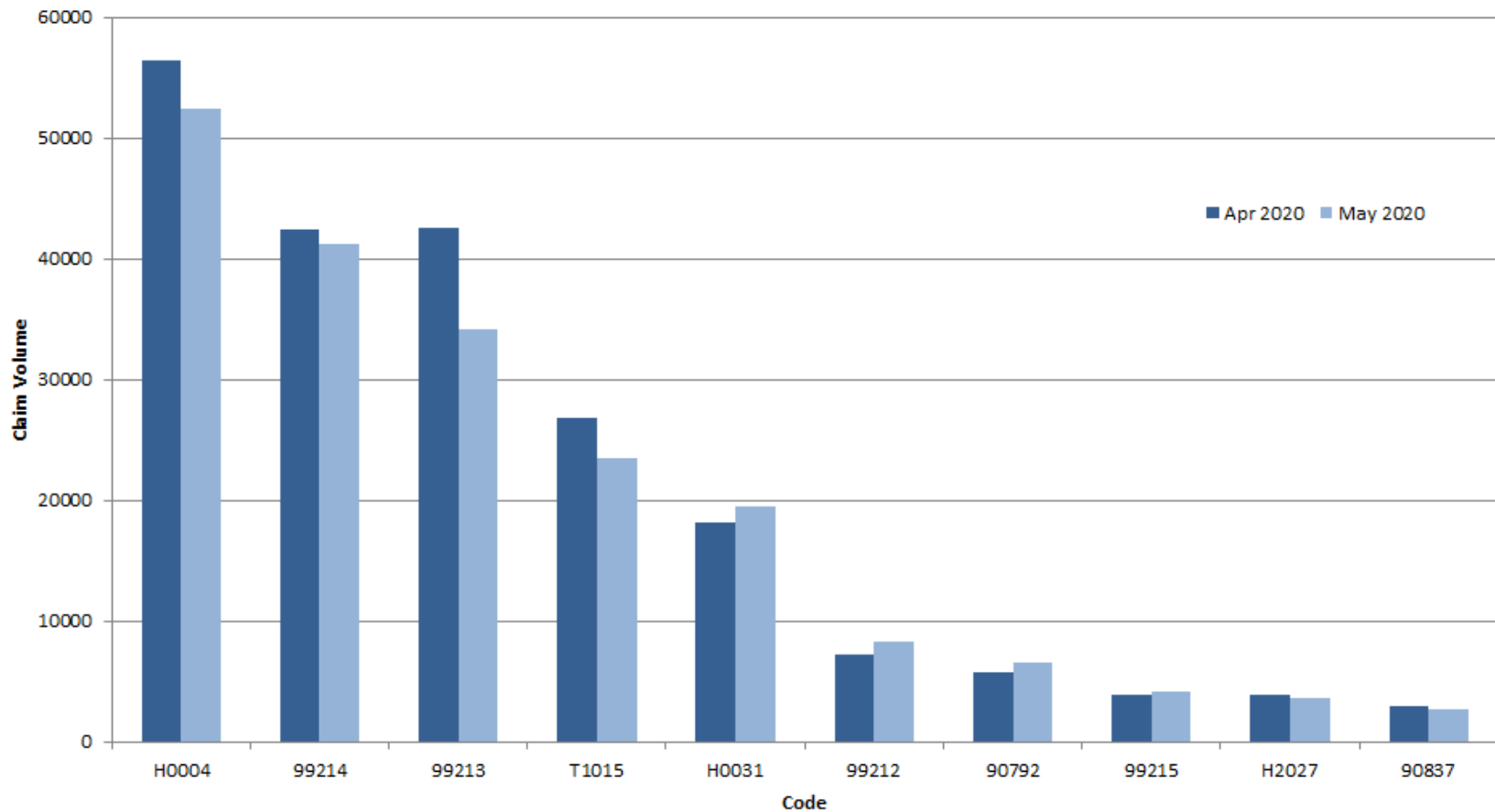
Permanent Telephonic Code Set Intra-Pandemic (Apr/May 2020)



Temporary Telephonic Code Set Intra-Pandemic (Apr/May 2020)



Top 10 Temporary Telephonic Codes



*H0004 – Behavioral health counseling and therapy

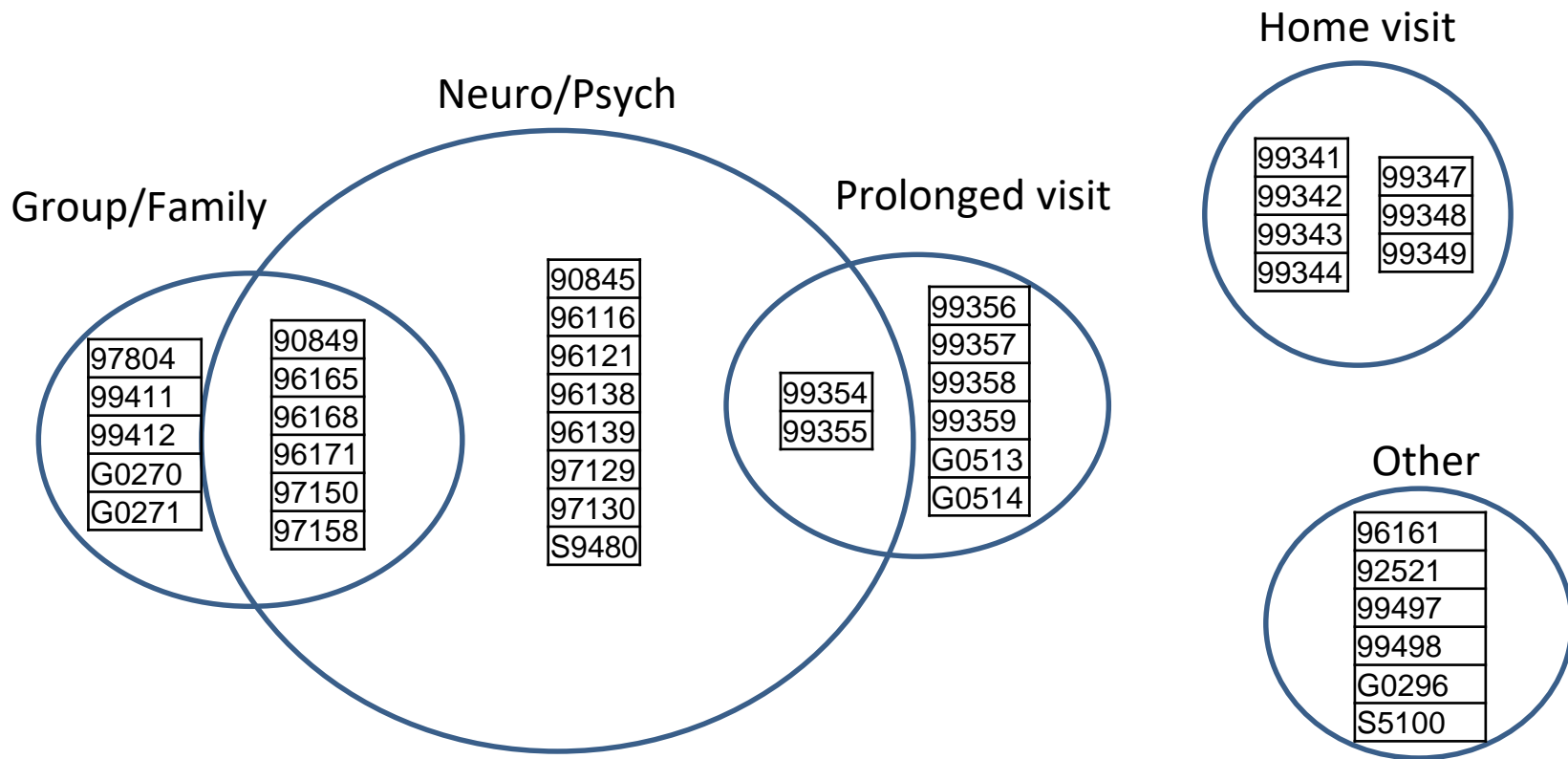
*99213/99214 – Established office visit

*T1015 – All-inclusive clinic visit

*H0031 – Mental health evaluation, non-physician

Top 10 Codes	Top Users		
H0004	BH Outpt Clinic (56%)	Integrated Clinics (30%)	
H0031	BH Outpt Clinic (46%)	Integrated Clinics (30%)	
H2027	Integrated Clinics (39%)	BH Outpt Clinic (34%)	
90792	APPs (33%)	BH Outpt Clinic (28%)	
90837	BH Outpt Clinic (21%)	FQHC (21%)	Lic Prof Counselor (20%)
99212	FQHC (40%)	BH Outpt Clinic (24%)	Physician (15%)
99213	Physician (26%)	APPs (26%)	FQHC (22%)
99214	APPs (34%)	Physician (30%)	BH Outpt Clinic (15%)
99215	APPs (27%)	Physician (24%)	BH Outpt Clinic (21%)
T1015	FQHC (80%)		

Rarely* Used Codes (by category)



Summary



Telephonic modality
adopted more readily in
rural areas



Several new provider
groups in telephonic health
delivery



40 temporary telephonic
codes rarely used (33%)



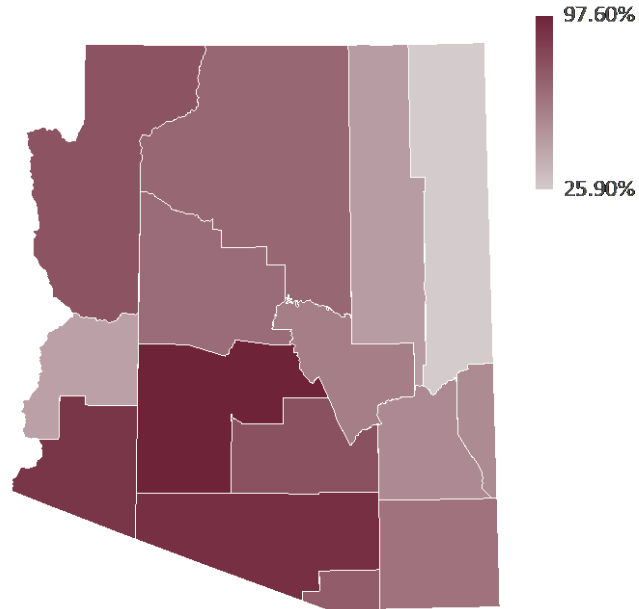
Analysis of 4G Cellular and Broadband Access and Telehealth Utilization

Shreyas Hallur
AHCCCS Research Intern

Telehealth Utilization by County

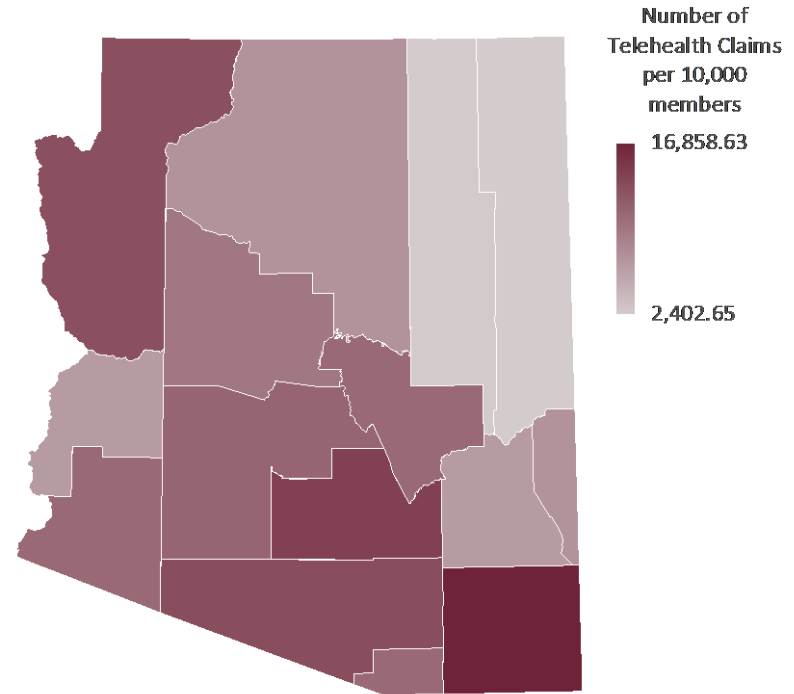
- Motivators for analysis:
 - Is TH a rural-facing platform in practice?
 - How has expansion shaped utilization of TH modalities?
- Top-level results:
 - Limited relation between urbanization and TH use before pandemic
 - Very strong correlation during the pandemic
 - Significance: $p = 0.030$

**% Urbanization by Conuty (2010
Census)**



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© GeoNames

**County-level Utilization of Telehealth services
(March –May 2020)**



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© GeoNames

Audio-Only Utilization

- Did audio-only utilization vary by access to 4G coverage?
 - Audio-only is the predominant mode of telehealth delivery
 - 4G coverage served as a proxy for technological barriers
 - i.e. Access to cellular data, smartphones, minutes
- Extremely strong correlation before and during pandemic
- Not clear what factors are driving this trend

Audio-Visual Utilization

- Did audio-visual utilization vary by broadband access?
 - Broadband = 25/3 Mbps as defined by the FCC
 - Audio visual utilization on the rise
- No trend existed in TH utilization before pandemic
 - However, significant correlations emerged during pandemic
 - TH expansion mostly in counties with more broadband access

Summary



Audio-only is still primary mode of telehealth, even in urban counties



Pandemic expansion of telehealth has magnified the urban-rural divide



Infrastructure will continue to limit access to all modalities



Claims Level Complexity Pre/Post Pandemic

Vikeen Patel, MD MBA

Rationale for Claim Complexity Analysis



Quality metrics specific to telehealth is limited



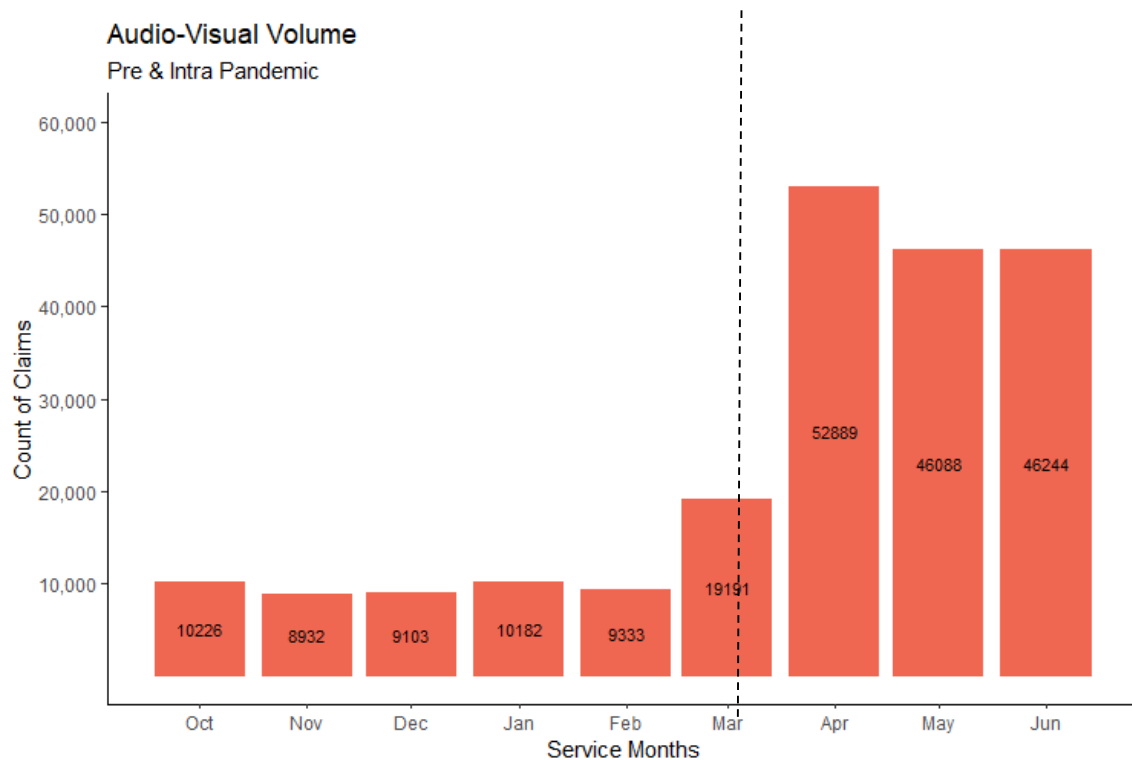
Can there be an apples to apples comparison between two modalities?

Compare In-Person to Audio-Visual (A/V) visits



During the pandemic was there a transition to increased complexity of telehealth claims?

Substantial Increase in Utilization of A/V

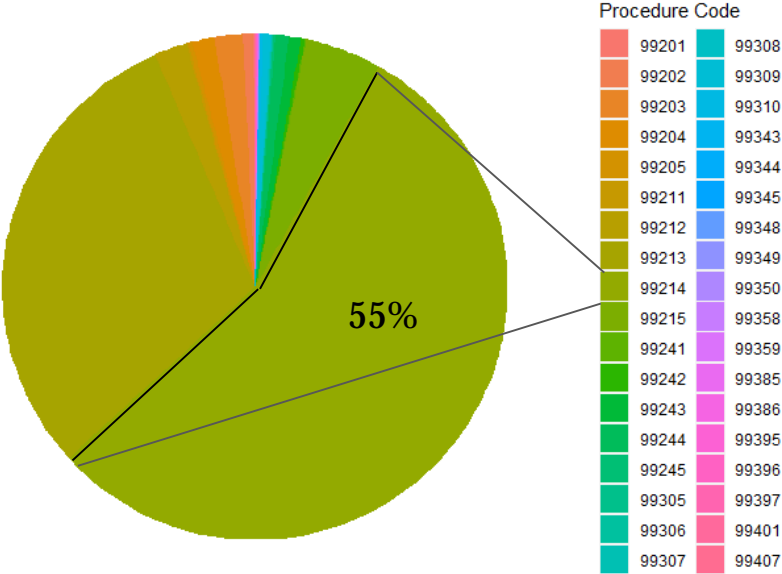


Data from AHCCCS Data Warehouse

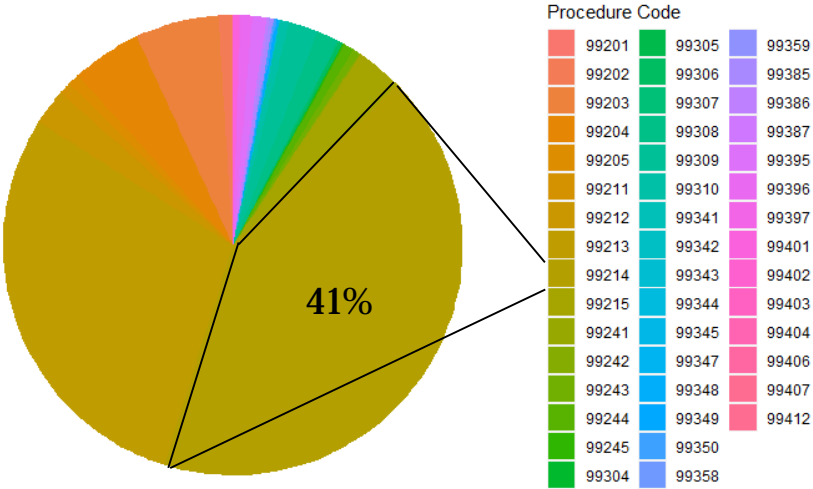
State Pandemic Declaration

Comparing Distribution of A/V to In-Person

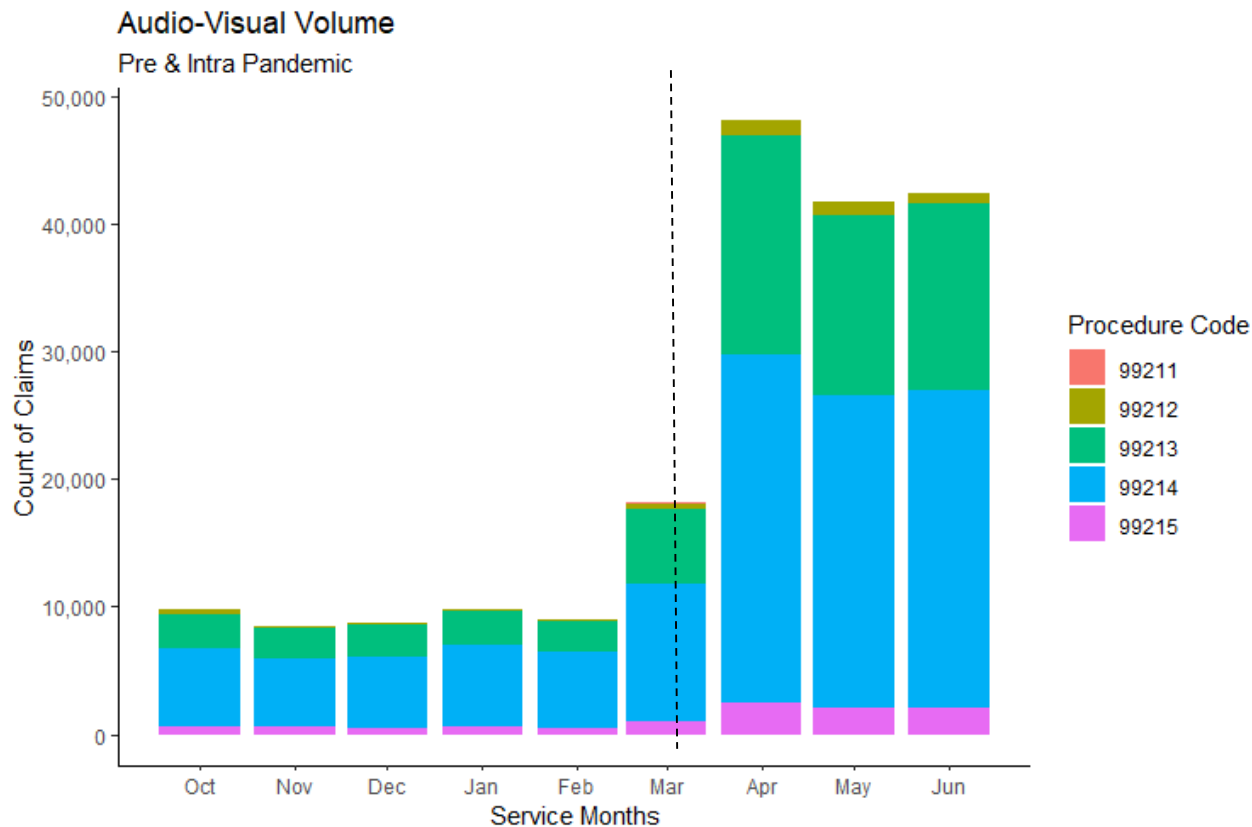
Total Telehealth



Total In-Person

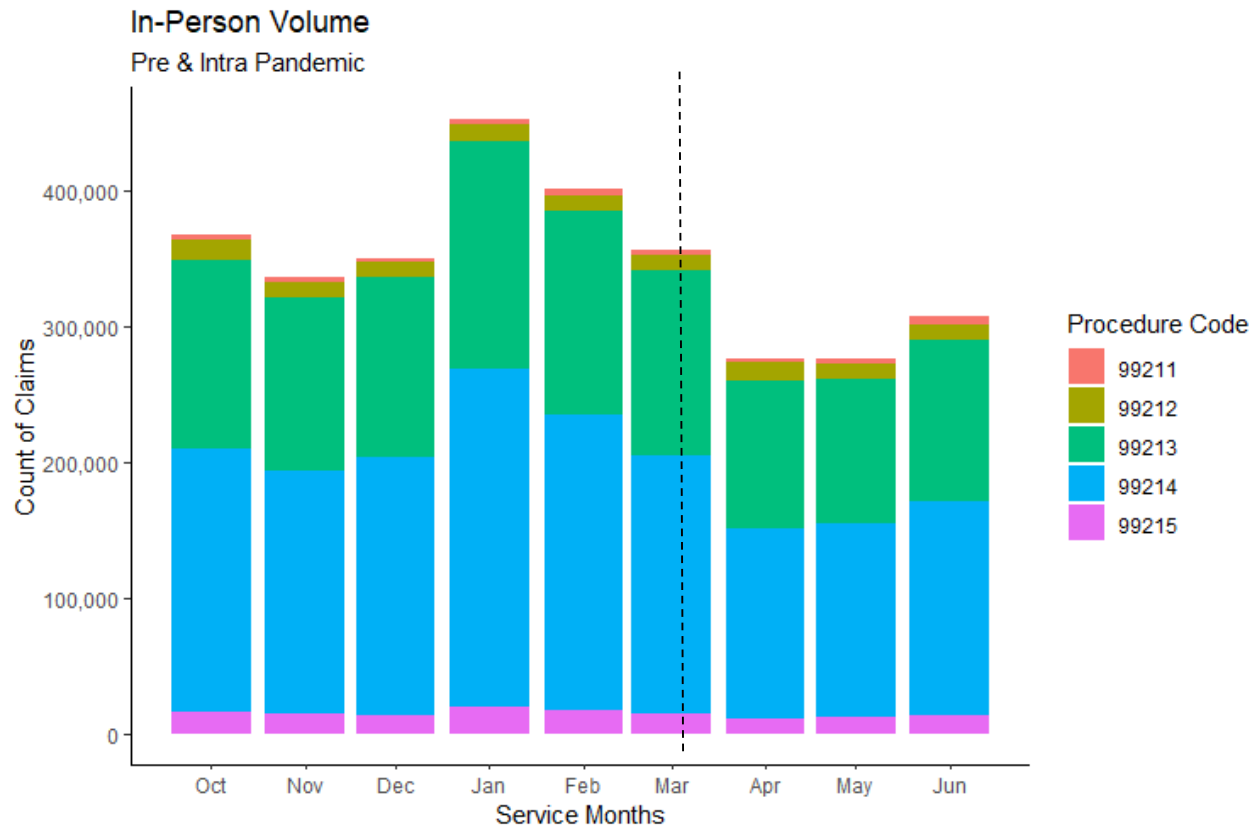


Outpatient Established Code Set (9921x)



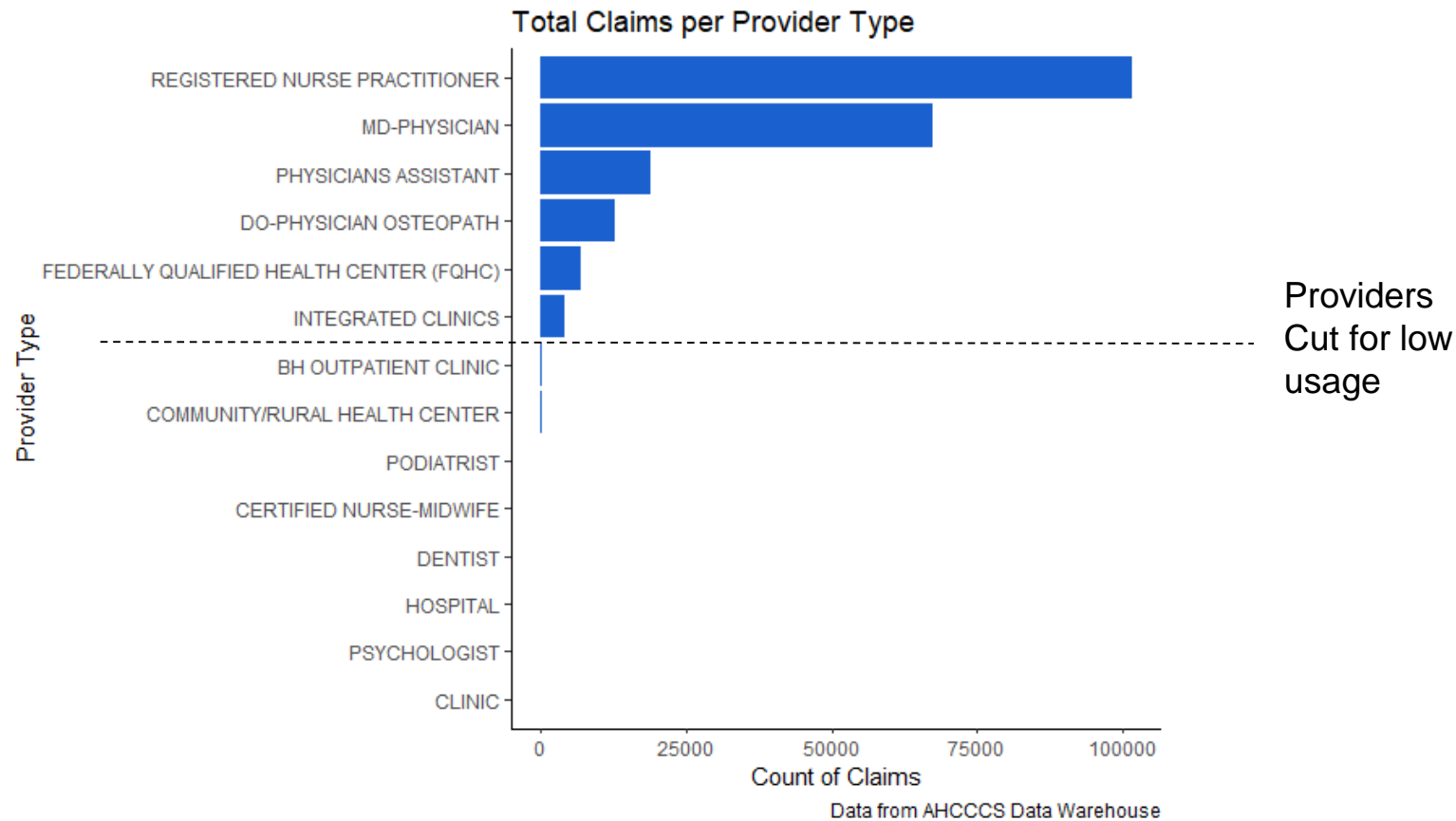
Data from AHCCCS Data Warehouse

Outpatient Established Code Set (9921x)



Data from AHCCCS Data Warehouse

Breaking Down Providers Using A/V Services



Provider Type	Visit Code	Pre-Pandemic	During Pandemic		
		Weighted Average*	April	May	June
	99212	3.76%	12.17%	7.25%	5.40%
DO	99213	0.86%	11.89%	11.04%	10.03%
Osteopath	99214	1.11%	12.39%	10.91%	8.67%
	99215	2.78%	20.23%	16.61%	15.14%
	99212	0.10%	7.35%	10.54%	6.26%
Federally Qualified	99213	0.53%	12.27%	12.05%	9.64%
Health Center	99214	1.60%	17.11%	15.87%	15.77%
	99215	2.91%	18.31%	16.47%	18.18%
	99212	3.30%	42.86%	32.98%	14.37%
Integrative	99213	4.24%	42.60%	36.53%	35.62%
Clinic	99214	11.16%	31.41%	27.50%	20.72%
	99215	1.31%	13.74%	18.40%	20.54%
	99212	0.45%	8.01%	7.15%	5.48%
MD	99213	0.42%	13.01%	10.55%	9.59%
Physician	99214	1.02%	12.82%	10.81%	9.61%
	99215	1.57%	11.79%	10.20%	8.85%
	99212	0.09%	8.08%	8.10%	5.16%
Physician	99213	0.84%	10.91%	11.08%	13.39%
Assistant	99214	1.14%	14.96%	14.52%	15.20%
	99215	2.26%	20.04%	14.72%	8.43%
	99212	8.27%	10.08%	9.25%	8.42%
Nurse	99213	5.69%	16.83%	14.84%	13.67%
Practitioner	99214	6.92%	22.57%	21.04%	19.68%
	99215	7.91%	33.14%	25.84%	24.93%

* Weighted Average from time periods October through February

‡ March data was excluded due to time period defining months

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Summary



Can compare complexity
between modalities for
certain provider types



Additional analyses needed
to assess consistency of
quality between modalities



Data is limited regarding
certain visit types



AHCCCS Telehealth Policy Planning: Post Pandemic

Sara Salek, M.D.

National Taskforce on Telehealth Policy



- Effort between the [National Committee for Quality Assurance \(NCQA\)](#), the [Alliance for Connected Care](#), and the [American Telemedicine Association](#)
- 22 industry experts representing clinicians, health systems, telehealth platforms, state and federal health agencies, insurers and consumer advocates – including leadership from CMS, HHS, Kaiser, Humana, AARP, among other leading stakeholders.

National Taskforce Policy Recommendations

Recommendation	AHCCCS Position/Status post PHE
Lifting geographic restrictions and limitations on originating sites.	Implemented 10-1-19
Allowing telehealth for various types of clinicians and conditions.	Implemented 10-1-19
Telehealth visits can meet requirements for establishing a clinician/patient relationship if the encounter meets appropriate care standards or unless careful analysis demonstrates that, in specific situations, a previous in-person relationship is necessary.	No specific restrictions in AHCCCS policy-follow State and Federal regulations

https://www.ncqa.org/wp-content/uploads/2020/09/20200914_Taskforce_on_Telehealth_Policy_Final_Report.pdf

National Taskforce Policy Recommendations

Recommendation	AHCCCS Position/Status post PHE
Eliminating unnecessary restrictions on telehealth across state lines.	AHCCCS covers services rendered by providers located out of state as long as AHCCCS registered and AZ licensed.
Look closely at the effect of expanding prescribing authority to telehealth.	No specific restrictions in AHCCCS policy-follow State and Federal regulations.
Fully reinstate enforcement of Health Insurance Portability and Accountability Act (HIPAA) patient privacy protections that were suspended at the start of the public health emergency.	AHCCCS follows federal regulations

Major AHCCCS Policy Decisions Remaining

- Which temporary telephonic codes become permanent
- Clinical value of audio-only vs. audio-visual care delivery
 - Minimum in-person requirement?
- Contractor/FFS pay parity for in-person vs. telehealth



Join Us:
October 29th
3-5pm
Virtual meeting

AHCCCS Telehealth Resources

- [AHCCCS Telehealth Policy – 320-I](#)
- [AHCCCS Medical Coding Resources](#)
 - [AHCCCS Telehealth Code Set](#)
 - [AHCCCS Telephonic Code Set \(Temporary\)](#)
 - [AHCCCS Telephonic Code Set \(Permanent\)](#)
- [COVID FAQs](#)
- [HHS Telehealth Notification](#)
- Send your Coding Questions to CodingPolicyQuestions@azahcccs.gov

Questions?