Special Committee on Mental Health Modernization
Telehealth Working Group Meeting
November 15, 2021
1-2:30pm

Meeting Notes
Meeting Materials: https://www.khi.org/pages/2021-MHMR

Agenda:
1:00pm – Welcome
1:05pm – Telehealth Utilization Rates
1:35pm – Local and National Landscape around Telehealth Payment Parity
2:15pm – Discussion on Telehealth Payment Parity
2:28pm – Administrative Updates
2:30pm – Adjourn

Meeting Commitments:
- Come ready to discuss and compromise
- Keep remarks succinct and on topic
- Don't hesitate to ask clarifying questions
- Start and end on time

Attendees
Working group members: Sunee Mickle, BCBS-KS; Rep. Brenda Landwehr; Jennifer Findley, KHA; Stuart Little, BHAK; Brittney Nichols, KDHE; Rennie Shuler-McKinney, AdventHealth; Kandice Sanaie, Cigna; Coni Fries, BCBSKC; Jason Grundstrom, KUMC; Malory Lutz, BHAK; Dr. Shawna Wright, KU Center for Telemedicine & Telehealth; Sarah Fertig, Medicaid Director; Rep Cindy Neighbor; Sandra Berg, United Healthcare

Supplemental experts: Dorothy Hughes, KUMC; Kyle Zebley, American Telehealth Association

Staff: Hina Shah, KHI; Kari Bruffett, KHI; Samiyah Para-Cremer, KHI; Eileen Ma, Revisor of Statutes; Leighann Thone, KLRD; Melissa Renick, KLRD

Telehealth Utilization Rates
Sarah Fertig Presentation
Overview and Materials:
- Sarah Fertig, Kansas Medicaid Director presented state telehealth utilization rates. This included data for both private payer and Medicaid utilization. Additionally, Fertig shared behavioral and non-behavioral telehealth claims data. Fertig identified the COVID-19 pandemic's impact with a sharp increase in telehealth billing by CMHCs in 2020.

Questions and Discussion:
- **Does this only show claims data specific to telehealth?**
  - Yes, the resources include all telehealth claims data including non-mental health related claims as well. Some of the claims allowed during the pandemic were not normally available which is also represented in the data.
- **Does this data include Medicare claims or self-funded insurance plans?**
  - No self-funded insurance plans are, or Medicare claims were present in this data set. The data included PPO, HMO, high deductible, and only a few supplemental plans.
- **How did you address provider confusion related to telehealth billing?**

    - We provided education on how to bill for telehealth during the transition required by the pandemic. The state provided billing instruction memos and MCOs also added it into their system.
- **Is it possible to get a breakdown of the claims by age?**
    - Yes, we will be able to provide this for the Medicaid claims data

Coni Fries Presentation

Overview and Materials:

- Coni Fries, of Blue Cross, Blue Shield of Kansas City presented their private payer claim data over the past year. Fries showed there was a substantial increase in private payer claim data in 2020.

Questions and Discussion:

- **How did you identify claims as telehealth?**
    - We asked providers to put the code "02" on any claim that used telehealth in addition to the other claim codes to allow us to understand telehealth usage.
- **Does this data include Medicare recipients?**
    - No, this data did not include Medicare recipients

Sunee Mickle Presentation

Overview and Materials:

- Sunee Mickle of Blue Cross, Blue Shield of Kansas presented statewide data for telehealth encounters and claims. Mickle reported a similar increase in telehealth encounters across the past year and a half. Additionally, she explained some of the challenges BCBS-KS experienced related to validating telehealth claims.
    - **Code 02**: All providers were instructed to place 02 on claims in which telehealth services were administered. However, BCBS-KS has found that errors were made in this process with some providers coding procedures that could not be provided through telehealth (such as blood draws or colonoscopies) as telehealth services. BCBS-KS is currently in the process of validating this data
    - **Behavioral Health Services:** The most frequent diagnosis code used during the provision of telehealth during the pandemic is for behavioral health services

Questions and Discussion:

- **Does this include Medicare recipients?**
    - Yes, this data includes Medicare recipients and individuals over 65 years of age
- **Is it possible to get a breakdown of the claims by age?**
    - Yes, BCBS-KS is currently still cleaning up the data to ensure it correctly captures telehealth usage in Kansas. Once this is completed, we will be able to provide a breakdown of telehealth usage by age.

Christina Morris Data

Overview and Materials:

- Christina Morris of CVS/Aetna was unable to attend the Nov. 15 meeting of the Telehealth Working Group but the information provided below was summarized by Hina Shah, KHI on her behalf.
- The data provided in this table includes telehealth visit counts between 2018 and 2021. This includes the Telehealth Behavioral Visits and excludes Teledoc. Data prior to 2018 is available with further time to assemble it.

SVC Year	FY 2018	FY 2019	FY 2020	YTD Oct 2021
Telehealth Visit Count	149	278	111,672	73,754
Telehealth % of Total Visit Count	0.0%	0.0%	6.2%	5.0%
Telehealth Behavioral Visit Count	27	118	47,823	41,985
Telehealth % of Total Behav. Visit Count	0.0%	0.1%	37.4%	39.3%

Questions and Discussion:

- **For perspective, is it possible to receive more data for claim rates prior to 2020? It would be helpful to compare to see if there was an increase in telehealth services that would normally have occurred in person or if there was an overall increase in need for services.**
    - Yes, data was requested between 2017-2021 to allow for a comparison and Hina Shah will follow up with Christina Morris, CVS/Aetna

Kandice Sanaie Presentation

Overview and Materials:

- Kandice Sanaie of Cigna verbally presented the following information:
    - Overall, we saw significant growth in utilization YOY in 2020 that continued into 2021 – nearly 50% YOY in 2020 for urgent care and more than 500% for behavioral health.
    - Annual wellness visits and preventive care have been shown to reduce overall costs and improve outcomes. However, as many as one in three (35%) adults under 50 does not have a primary care provider, and it's estimated that 150 million adults skip or forgo an annual check-up.
    - A myriad of social determinants creates barriers to preventative care, leading to poor outcomes. Patients with unmet transportation needs are more than 2.5 times as likely to report multiple ER visits over a 12-month period.
    - U.S. is facing thinning ranks of primary care providers, with an estimated shortage of as many as 55,000 primary care physicians in less than 10 years. Patients are also challenged by limited provider office hours and availability

Local and National Landscape around Telehealth Payment Parity

Dr. Dorothy Hughes Presentation

Overview and Materials:

- Dr. Dorothy Hughes of KUMC presented survey research she had conducted with the United Health Ministry Fund around the usage of telehealth in Kansas.
- She surveyed 14 providers and administrators about their use of, barriers to, and experience with telehealth service provision
- Key findings include:
    - Patient tech-savviness and cost to patients (including data plans, insurance, copays, etc.) were barrier to telehealth implementation
    - Time typically lost due to no-shows no longer was as provider could contact patient over phone if they had not arrived
    - Telehealth has high potential for basic follow-ups, patient education, chronic care management, and basic triage. Telehealth is not a good option for group therapy or procedures requiring in person access
    - Costs remain largely the same for providers with telehealth as in person– moved to hybrid, not completely telehealth with similar amounts of overhead costs as providers must maintain brick-and-mortar presence.

- Takeaways – Dr. Hughes argued we should continue to support telehealth feasibility in future, and expand to areas like remote monitoring, school-based telehealth, and telehealth in nursing homes,

Questions and Discussion:

- **At what point is it more valuable to conduct services via telehealth or in person? Particularly for populations such as seniors where doctors might identify an underlying condition unrelated to the visit's purpose or children where body language is important to overall communication. How can we ensure quality of care remains at a high standard if patients might switch between multiple providers using telehealth?**
  - Interviewees shared this concern about fragmentation of care but noted that this also occurs in person, so telehealth is not different from the norm in this way. However, providers surveyed view telehealth to better continue that relationship with patients and to help level the playing field when compared to other providers offering telehealth. To ensure that telehealth is appropriate, survey respondents reported robust screening processes. With the results of these screening processes, the providers then use clinical judgement to determine whether telehealth or in-person appointments make the most sense.
- **I still struggle with the idea that telehealth should be paid at same rate as in-person because in-person appointments require more time than telehealth does. If I was a physician, I would want to see my patients in-person because I could catch conditions, I otherwise would have missed in a telehealth setting**
  - Working group members replied that because of the novelty of telehealth, providers require more training and preparation for these kinds of appointments. Because we are not measuring this time, it is not possible to assume telehealth appointments are shorter than in-person appointments. Oftentimes, telehealth can result in longer appointments because of the increased need to work with patients to train them on how to conduct some of the checks an in-person visit would conduct. Other working group members said that sometimes health checks at home on indicators such as blood pressure or heart rate can be more accurate than they would be in an unfamiliar or potentially stressful clinical environment. Regardless, overhead costs for the provider remain the same for telehealth as in-person so payment needs are the same.
- **How many providers were surveyed?**
  - 14 providers
    - Working group members requested further research because although this was a rich data set, it is a small sample size.
- **Do any respondents discuss the effect of telehealth towards addressing workforce shortages?**
  - Yes, respondents, particularly in urban/rural areas discussed the value of being able to spread the workload using telehealth to account for disparate regional influxes in patient demand.
    - **Did anyone talk about access to specialists?**
      - Not within these interviews, but other projects I have worked on have found that telehealth increased access to providers.
- **The interviews were conducted with providers not patients. Do we have any research on how patients feel about telehealth?**
  - Yes, the United Health Ministry Fund fielded a survey and we are currently conducting patient focus groups. We do not yet have this data but the recent data I have seen elsewhere suggests that patients appreciate telehealth but still prefer in-person. It's important to think about telehealth as an option but not a panacea.

- **Should the legislature be involved in policies that affect the contractual agreements between providers and insurance companies? If so, what role should the legislature have?**
    - The working group was unable to discuss this question; however, working group members were asked to consider the potential implications of legislative involvement in telehealth and other rate-setting activities. This question will be incorporated into a survey for working group members to consider

Kyle Zebley Presentation

Overview and Materials:

- Kyle Zebley of American Telehealth Association presented the ATA's views on telehealth parity and the current federal legislation that could soon affect telehealth rates.
    - The ATA does not support payment parity because their members are divided 50/50 on the issue with some arguing that legislatures setting telehealth rates could later undermine the affordability of telehealth that is a selling point for many.
    - Instead, the ATA supports fair payment which is determined on a case-by-case basis depending upon the services provided. Zebley argues that payment parity cannot be a one-size-fits-all solution and therefore would not be determined through legislative action.
    - Telehealth is not a panacea and is not appropriate in all circumstances and advocates would never claim it would be. The goal is to maintain the quality of care and allow doctors to make clinical judgment with minimal barriers to care. Rates will be determined by the private market

Questions and Discussion:

- **If we over-incentivize telehealth, we could in-advertently reduce access to in-person services for those who need them and if we de-incentivize, we may reduce health access to those who are underserved. Are there any examples of laws that look at the fair payment rate for telehealth supported by the ATA?**
    - No current examples exist for telehealth at the state level; however, Medicare's model of using an annual physician fee schedule which is updated annually through a careful process is a good option to consider for how to achieve fair payment.
- **You discussed NJ's approach to fair payment. Are there other states that could serve as examples?**
    - Yes, California recently passed a robust rate coverage plan to determine what commercial payers have to cover and what should be covered by Medicaid agencies or public payers.
- **What do patients want? Do you have their perspective on payment parity?**
    - From the ATA's conversations with patient advocacy groups, patients are more concerned with coverage parity and not losing access to care but they do not forcefully support payment parity except for mental health advocates. Mental health advocates have full-support for telehealth payment parity in relation to mental health services.
- **Have you seen movement for laws on the federal level around originating sites to ensure access to telehealth services regardless of location?**
    - Yes, I anticipate this legislation passing on a federal level because of the large bipartisan support on removing overly restrictive rules relating to originating sites

Follow up items

Working group members were asked to complete a survey by November 24 to describe issues around telehealth payment parity and review recommendations provided by working group members to allow for discussion during the upcoming meeting (Thursday, December 2).

Additionally, working group members were advised of the following meetings:

- Nov. 17, Special Committee Meeting (the second day of the two-day Special Committee meeting, Nov. 18, was cancelled)
- December 2, 11am-12:30pm, Telehealth Workgroup Meeting
- December 6, 11am-12pm, Telehealth Workgroup Meeting (ratify report)