

Telemedicine

Stakeholder Engagement Kickoff

July 29, 2020

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Purpose

Consider the effects of changes in telemedicine rules and legislation on:

- Member & provider experience
- Access
- Health equity
- Quality
- Budget



Stakeholder Engagement

Goals:

- 1 Information sharing
- 2 Compliance
- 3 Equitable input
- 4 Community

Agenda

- Housekeeping
- Status of Rules and SB-212 legislation
- Billing and policy information for providers
- Share utilization data
- Department plans
- Gather and respond to your questions, comments, and concerns

Housekeeping

Live webinar:

- Mics are muted
- Polling questions
- Use Question Box to enter Questions, Comments, or Suggestions

Post -Webinar:

- Visit www.colorado.gov/pacific/hcpf/stakeholder-telemedicine
- Use feedback form
- Billing Manual
- Provider training

Those unable to use digital feedback methods can leave telephone messages on 303.866.2831

POLL

- What type of stakeholder are you?

POLL

Providers: Did you provide telemedicine services to your patients before the Pandemic?

POLL

If you used
telemedicine since
the emergency rule,
which platforms have
you used?

Telemedicine

Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio or interactive video communication instead of in-person contact.

Telemedicine Before Emergency

- Audio-visual modality only
- Fee schedule payment same as in-person visit
- Billed using member place of service (POS code)
- Incentive payment for select procedure codes
- The Prospective Payment System for FQHC/RHC/IHS included telemedicine costs but a telemedicine service was not a billable visit.

COVID-19 Emergency Rules

On March 20, 2020, in response to the COVID-19 public health emergency, Colorado expanded its telemedicine coverage to include:



Telephone only modality for certain services (and live chat)



Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, and Community Mental Health Centers



Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers



Requires reimbursement for telemedicine services at the same rate as in-person services (payment parity)

Telemedicine Expansion

- Recent legislation (SB20-212) passed which will make the emergency rules permanent.
 - SB20-212 requires final approval from the Centers for Medicare and Medicaid Services (CMS) to become permanent. The Department is in the process of requesting such approval from CMS.

Telemedicine Legislation SB20-212



Clarifies the method of communication allowed

- Audio-visual, telephone*, live chat, other electronic communication (HIPAA compliant)



Requires payment parity



Affirmed new providers added in emergency rule

Telemedicine Legislation SB20-212

- Requires the Department to post telemedicine utilization data
- Requires the Department to report at SMART legislative hearing in January 2021



Gaps and Opportunities

- Refine implementation
- Identify policy gaps
- Study eConsults & remote monitoring

POLLS

- What benefit has telemedicine provided to you or your practice?
- What gaps have you experienced since the beginning of emergency telemedicine?

Department Plans



RESEARCH &
EVALUATION



UTILIZATION ASSESSMENT &
PROVIDER TRAINING



STAKEHOLDER
ENGAGEMENT



Research & Evaluation

Goals:

- 1 Access to care & utilization
- 2 Promote health equity
- 3 Quality & member outcomes
- 4 Reimbursement & payment
- 5 Fiscal stewardship



Research & Evaluation

- Department claims analysis
- Member survey
- RAE survey
- External research & reports
- Stakeholder input



Utilization Assessment

1 Member outcomes

2 Utilization trends

3 Compliance



COLORADO

Department of Health Care
Policy & Financing



Provider Training

- Billing Manuals on www.colorado.gov/hcpf/billing-manuals
- Provider Trainings
- Bi-monthly Posting on www.colorado.gov/pacific/hcpf/provider-telemedicine

Provider Trainings

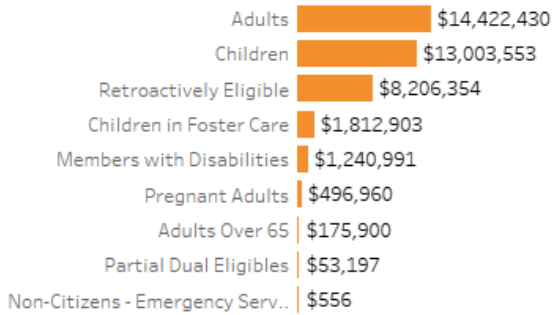
Date	Provider Category
August 14	Outpatient Therapies
August 18	Home Health
August 25	FQHC, RHC, IHS
September 1	Other providers using professional claims billing forms

Invitations will be sent by to specific provider groups for the applicable trainings

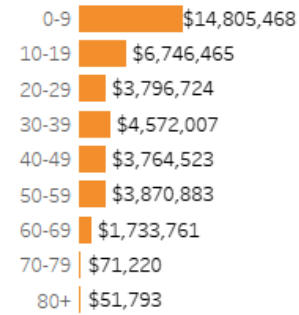
Outpatient, Professional, and Dental Services

Service Type
■ Not Telemedicine
■ Telemedicine

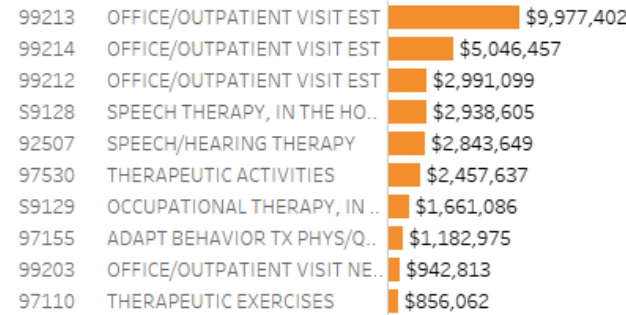
Eligibility Category



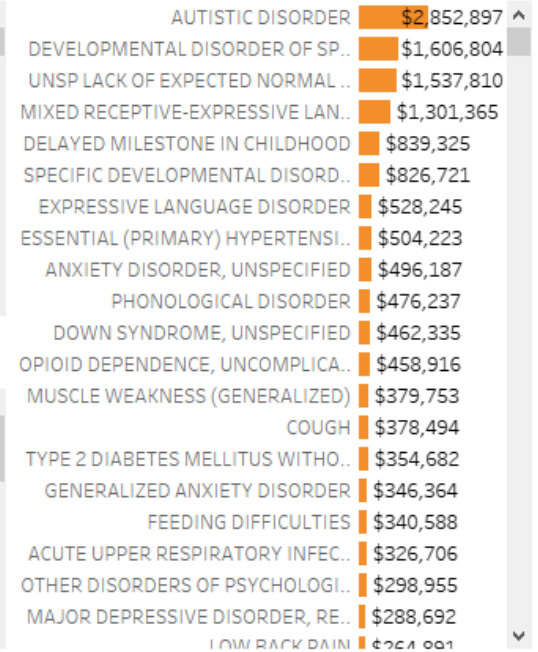
Age Group



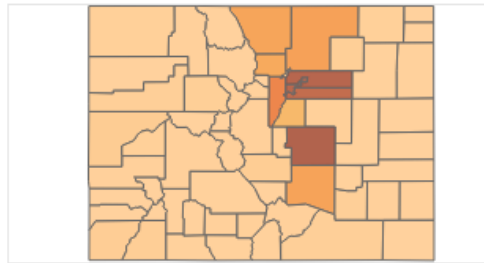
Procedure Codes



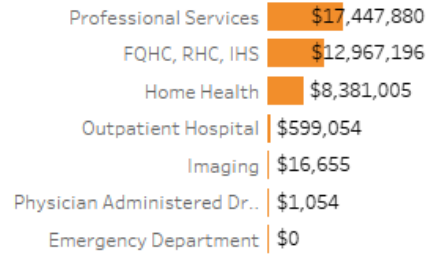
Primary Diagnosis Codes



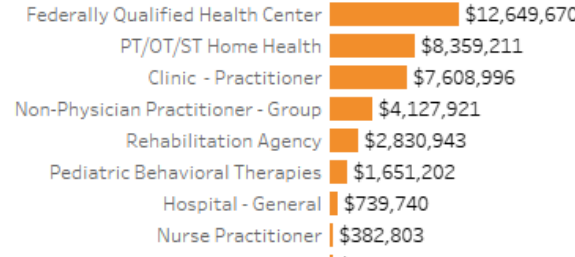
Member County Map



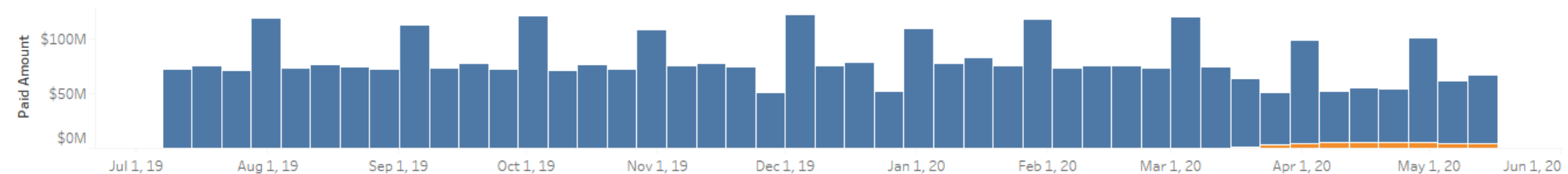
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

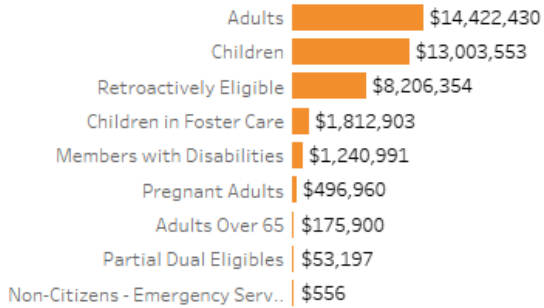


Note: Telemedicine services provided by HCBs and case management Agencies are not accurately reflected here because they do not indicate which services are provided via telemedicine on the claim. Due to data issues, dental services data is incomplete. Data shows service dates from 7/1/19 through 5/16/20. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

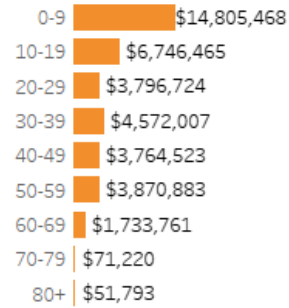
Outpatient and Professional Services Eligible for Telemedicine

Service Type
■ Not Telemedicine
■ Telemedicine

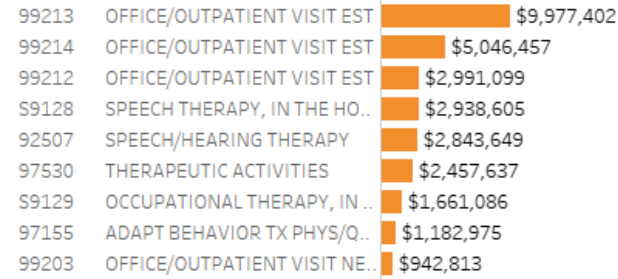
Eligibility Category



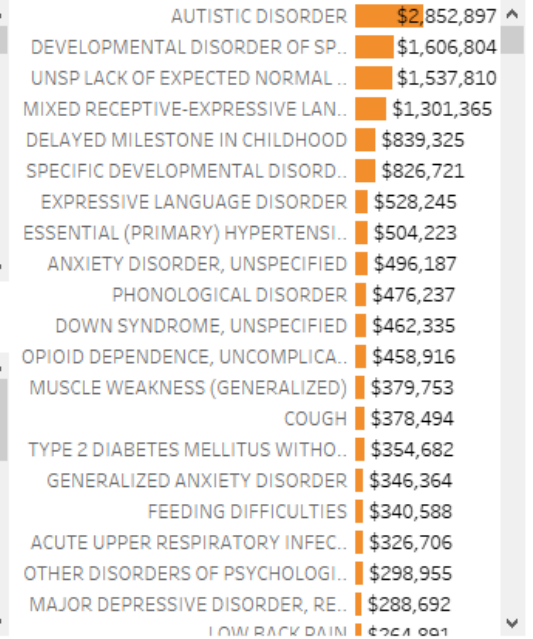
Age Group



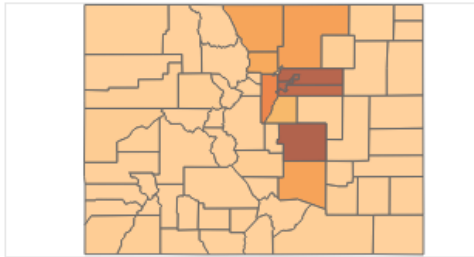
Procedure Codes



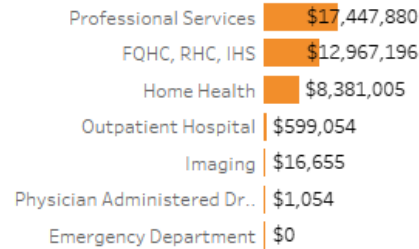
Primary Diagnosis Codes



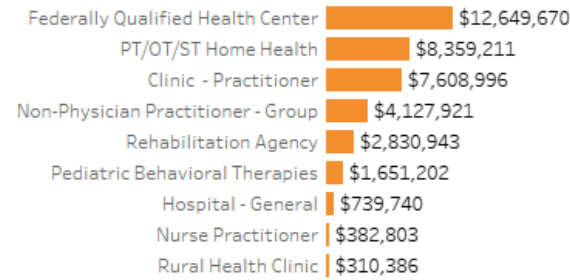
Member County Map



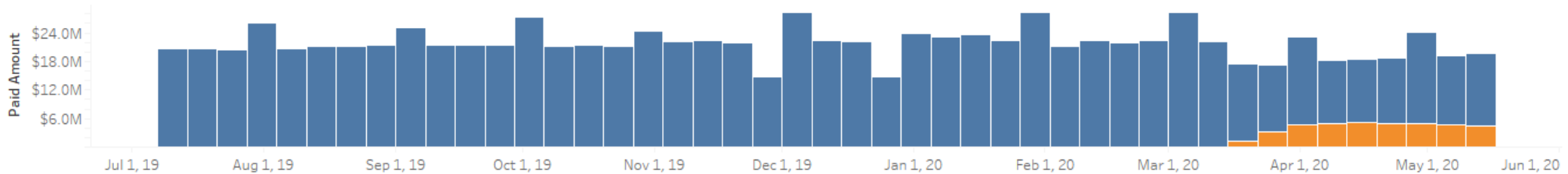
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

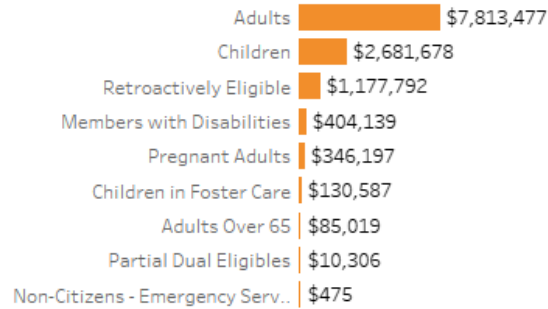


Note: Only includes services eligible for telemedicine. HCBS and Case Management Agencies do not indicate which services provided are telemedicine and therefore have been excluded from the above graph. Dental services are excluded. Data shows service dates from 7/1/19 through 5/16/20. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

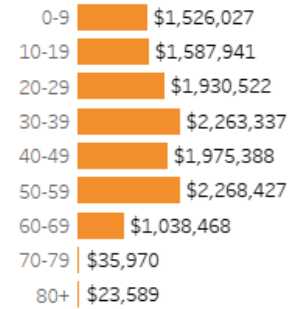
Federally Qualified Health Centers

Service Type
■ Not Telemedicine
■ Telemedicine

Eligibility Category



Age Group



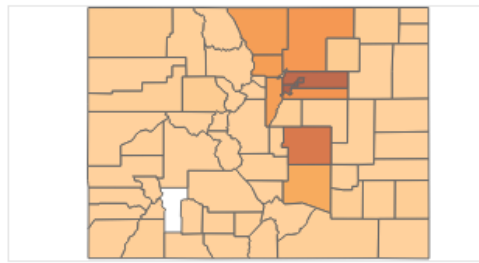
Procedure Codes

99213	OFFICE/OUTPATIENT VISIT EST	\$7,357,396
99212	OFFICE/OUTPATIENT VISIT EST	\$2,651,754
99214	OFFICE/OUTPATIENT VISIT EST	\$1,485,611
90832	PSYTX W PT 30 MINUTES	\$328,093
99203	OFFICE/OUTPATIENT VISIT NE..	\$137,661
99202	OFFICE/OUTPATIENT VISIT NE..	\$127,666
99211	OFFICE/OUTPATIENT VISIT EST	\$107,543
90834	PSYTX W PT 45 MINUTES	\$99,978
90837	PSYTX W PT 60 MINUTES	\$53,702
90791	PSYCH DIAGNOSTIC EVALUATI..	\$53,237
99201	OFFICE/OUTPATIENT VISIT NE..	\$41,701
90833	PSYTX W PT W E/M 30 MIN	\$33,455
99215	OFFICE/OUTPATIENT VISIT EST	\$32,043
99393	PREV VISIT EST AGE 5-11	\$20,301
99204	OFFICE/OUTPATIENT VISIT NE..	\$18,949
G0467	FQHC VISIT, ESTAB PT	\$16,331
99392	PREV VISIT EST AGE 1-4	\$15,648

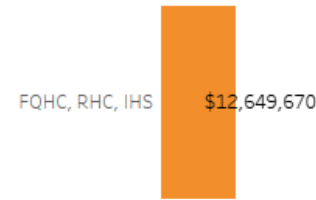
Primary Diagnosis Codes

ESSENTIAL (PRIMARY) HYPERTENSI..	\$348,330
ANXIETY DISORDER, UNSPECIFIED	\$324,427
TYPE 2 DIABETES MELLITUS WITHO..	\$279,187
COUGH	\$244,235
ACUTE UPPER RESPIRATORY INFEC..	\$202,022
MILD INTERMITTENT ASTHMA, UNC..	\$180,378
2019-nCoV acute respiratory disease	\$175,456
TYPE 2 DIABETES MELLITUS WITH H..	\$174,534
CONTACT W AND EXPOSURE TO OTH..	\$154,856
MAJOR DEPRESSIVE DISORDER, RE..	\$133,589
OTHER SPECIFIED ANXIETY DISORD..	\$133,564
GENERALIZED ANXIETY DISORDER	\$132,197
OPIOID DEPENDENCE, UNCOMPLICA..	\$126,996
LOW BACK PAIN	\$124,283
ENCNTR FOR ROUTINE CHILD HEALT..	\$119,930
MAJOR DEPRESSIVE DISORDER, SIN..	\$116,697
MILD PERSISTENT ASTHMA, UNCO..	\$116,172
GASTRO-ESOPHAGEAL REFLUX DISE..	\$115,817
RASH AND OTHER NONSPECIFIC SKL..	\$103,924
MODERATE PERSISTENT ASTHMA, ..	\$101,811
FEVED UNSPECIFIED	\$99,724

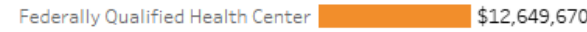
Member County Map



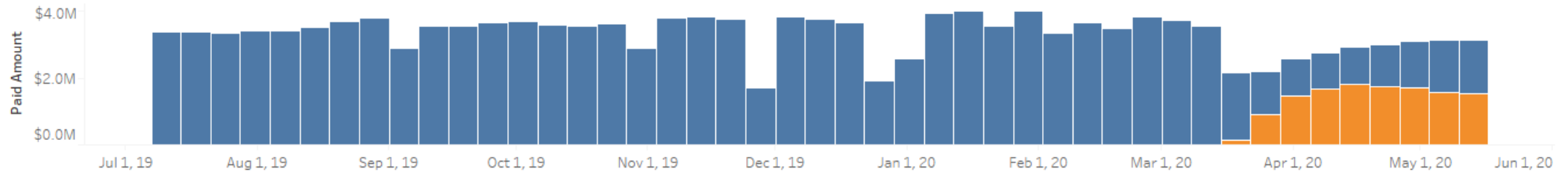
Benefit Category



Billing Provider Type



Trend over Time (Actuals)



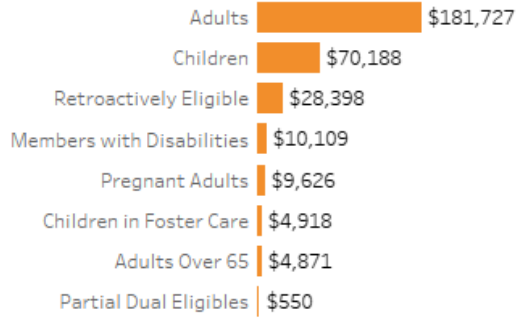
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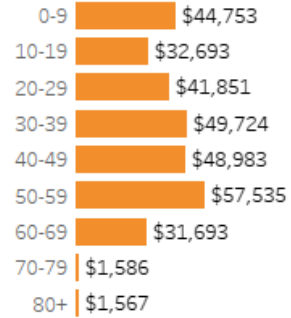
Rural Health Clinics

Service Type
■ Not Telemedicine
■ Telemedicine

Eligibility Category



Age Group



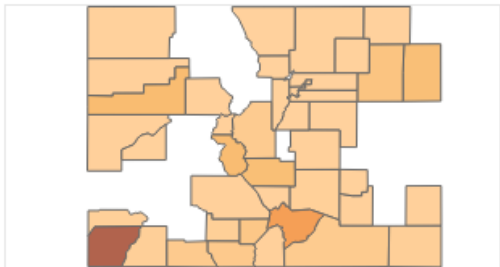
Procedure Codes

99213	OFFICE/OUTPATIENT VISIT EST	\$162,125
99214	OFFICE/OUTPATIENT VISIT EST	\$72,646
99212	OFFICE/OUTPATIENT VISIT EST	\$23,924
99442	PHONE E/M PHYS/QHP 11-20 ..	\$15,713
99443	PHONE E/M PHYS/QHP 21-30 ..	\$8,716
99441	PHONE E/M PHYS/QHP 5-10 M..	\$6,744
90834	PSYTX W PT 45 MINUTES	\$5,284
99202	OFFICE/OUTPATIENT VISIT NE..	\$3,251
99215	OFFICE/OUTPATIENT VISIT EST	\$3,017
99203	OFFICE/OUTPATIENT VISIT NE..	\$2,152
90791	PSYCH DIAGNOSTIC EVALUATI..	\$1,312
90832	PSYTX W PT 30 MINUTES	\$1,312
98966	HC PRO PHONE CALL 5-10 MIN	\$957
98967	HC PRO PHONE CALL 11-20 MIN	\$619
99204	OFFICE/OUTPATIENT VISIT NE..	\$554
99392	PREV VISIT EST AGE 1-4	\$554
99391	PER PM REEVAL EST PAT INFA..	\$425

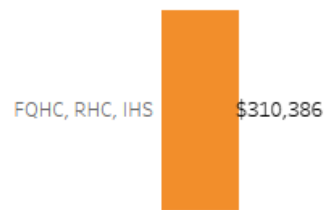
Primary Diagnosis Codes

ESSENTIAL (PRIMARY) HYPERTENSI..	\$11,655
ACUTE UPPER RESPIRATORY INFEC..	\$10,528
TYPE 2 DIABETES MELLITUS WITHO..	\$8,344
COUGH	\$6,348
OTHER SPECIFIED ANXIETY DISORD..	\$5,946
ANXIETY DISORDER, UNSPECIFIED	\$5,648
OTHER SEASONAL ALLERGIC RHINIT..	\$5,648
UNSPECIFIED ASTHMA, UNCOMPLIC..	\$4,919
LOW BACK PAIN	\$4,491
TYPE 2 DIABETES MELLITUS WITH H..	\$3,842
GASTRO-ESOPHAGEAL REFLUX DISE..	\$3,798
ALLERGIC RHINITIS, UNSPECIFIED	\$3,492
ACUTE PHARYNGITIS, UNSPECIFIED	\$3,234
HEADACHE	\$3,178
CHRONIC PAIN SYNDROME	\$3,062
HYPOTHYROIDISM, UNSPECIFIED	\$2,982
MODERATE PERSISTENT ASTHMA, ..	\$2,946
ENCOUNTER FOR SUPRVSN OF NOR..	\$2,641
TYPE 2 DIABETES MELLITUS WITH D..	\$2,568
OTHER FATIGUE	\$2,261
GENERALIZED ANXIETY DISORDER	\$2,221

Member County Map



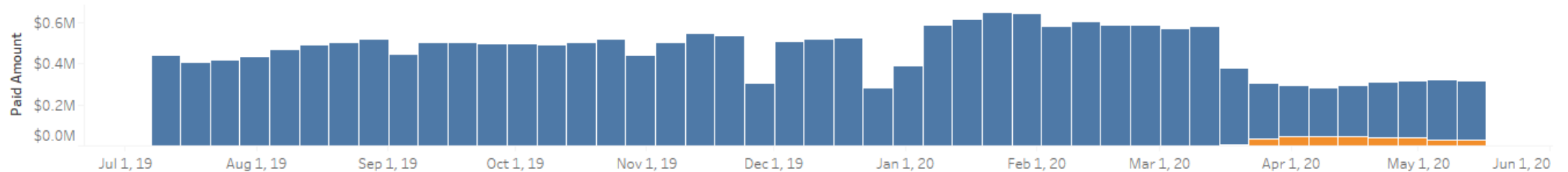
Benefit Category



Billing Provider Type



Trend over Time (Actuals)



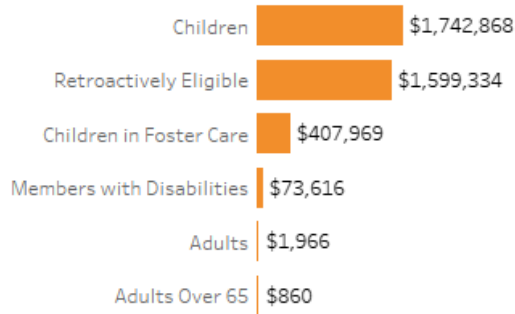
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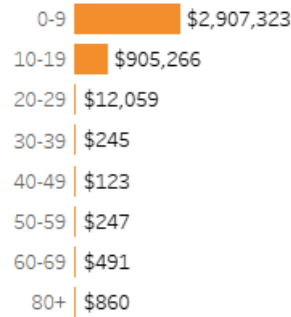
Physical Therapy/Occupational Therapy Home Health

Service Type
■ Not Telemedicine
■ Telemedicine

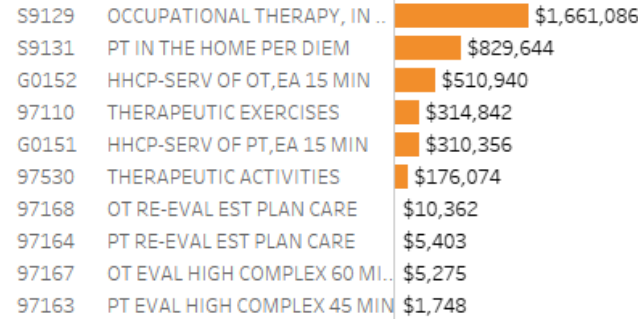
Eligibility Category



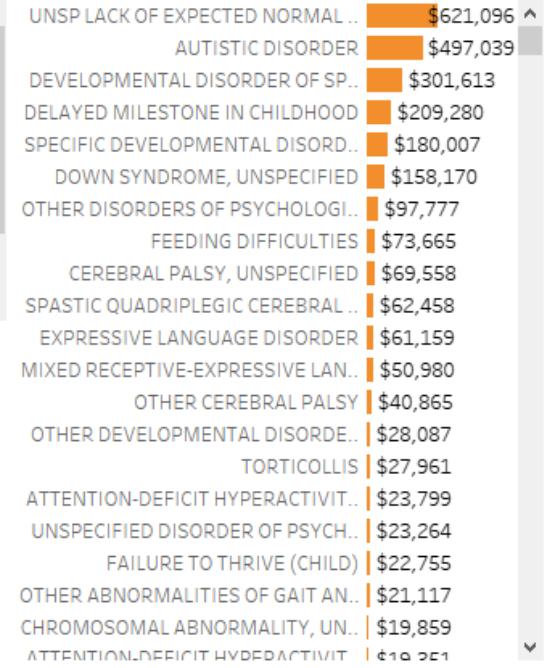
Age Group



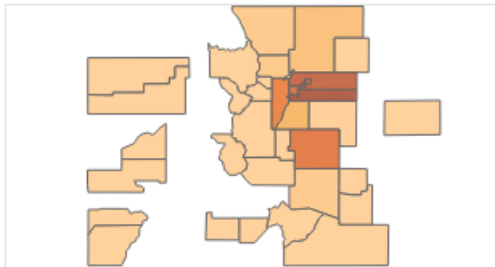
Procedure Codes



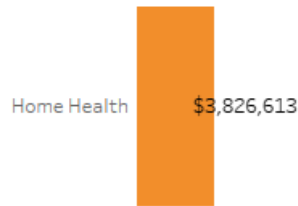
Primary Diagnosis Codes



Member County Map



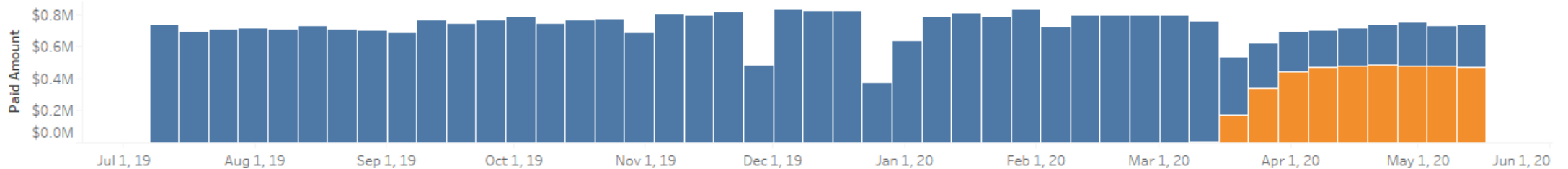
Benefit Category



Billing Provider Type



Trend over Time (Actuals)



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Provider Training

- Billing Manuals on www.colorado.gov/hcpf/billing-manuals
- Provider Trainings
- Bi-monthly Posting on www.colorado.gov/pacific/hcpf/provider-telemedicine





Stakeholder Engagement

Goals:

- 1 Information sharing
- 2 Compliance
- 3 Equitable input
- 4 Community




Stakeholder Engagement Activities

- Leverage opportunities to work with other outreach efforts
- Specific Department training with opportunities to offer feedback
- Specific audience or regional engagements with key questions for feedback
- Stakeholder resource web-page with input form

POLL

- If you aren't using telemedicine, does this make you more likely to use it?



*Please use the
Q&A box on
your webinar
screen*

Questions?
Comments?
Suggestions?

Telephone feedback can be provided on 303.866.2831



POLL

- What would you be interested in talking about next in Telemedicine forums?

Summary & Resources

Date	Provider Category
August 14	Outpatient Therapies
August 18	Home Health
August 25	FQHC, RHC, HIS
September 1	Other providers using professional claims billing forms
TBD	Targeted Policy Discussions

Summary & Resources

- Utilization Data posted bi-monthly:
www.colorado.gov/hcpf
- Provider Billing Manual:
www.colorado.gov/hcpf/billing-manuals

Summary & Resources

- Stakeholder engagement webpage:
www.colorado.gov/pacific/hcpf/stakeholder-telemedicine
- Stakeholder feedback on stakeholder page or
<https://forms.gle/EJGBT4SaTsRPVSvD8>
- Telephone feedback 303.866.2831

Contact Info

Betsy Holt

Policy Development Stakeholder Engagement Specialist

betsy.holt@state.co.us

Thank you!