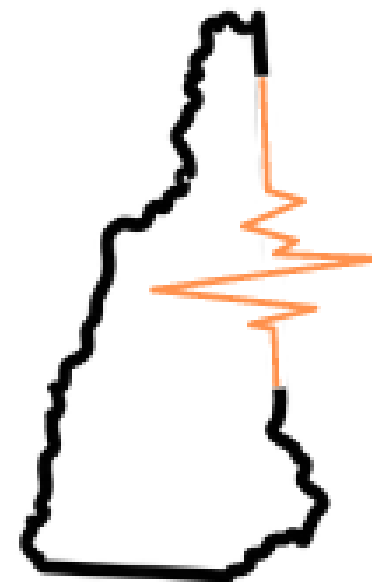


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presents

NH Data on Telehealth & Latest Federal & State Policy Developments

Jim Monahan, Founder, NH Telehealth Alliance

Deb Fournier, Policy Advisor, NH Telehealth Alliance & Senior Associate, UNH's Institute for Health Policy and Practice

Andrew Chalsma, Director of Data Analytics and Reporting, Bureau of Program Quality, NH Department of Health and Human Services

How to Participate:



Questions will be addressed at the end of each segment of the webinar.



Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.

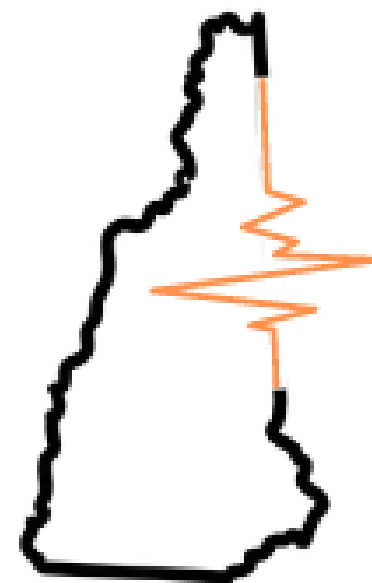


Only questions submitted via Q&A will be read by our host for the panelists to address.



A recording of this webinar will be made available to members.

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Andrew Chalsma

*Director of Data Analytics and
Reporting, Bureau of Program
Quality, NH Department of
Health and Human Services*



Describing the Use of Telehealth in NH with Health Care Claims Data

NH DHHS – BPQ – DA

Andrew Chalsma

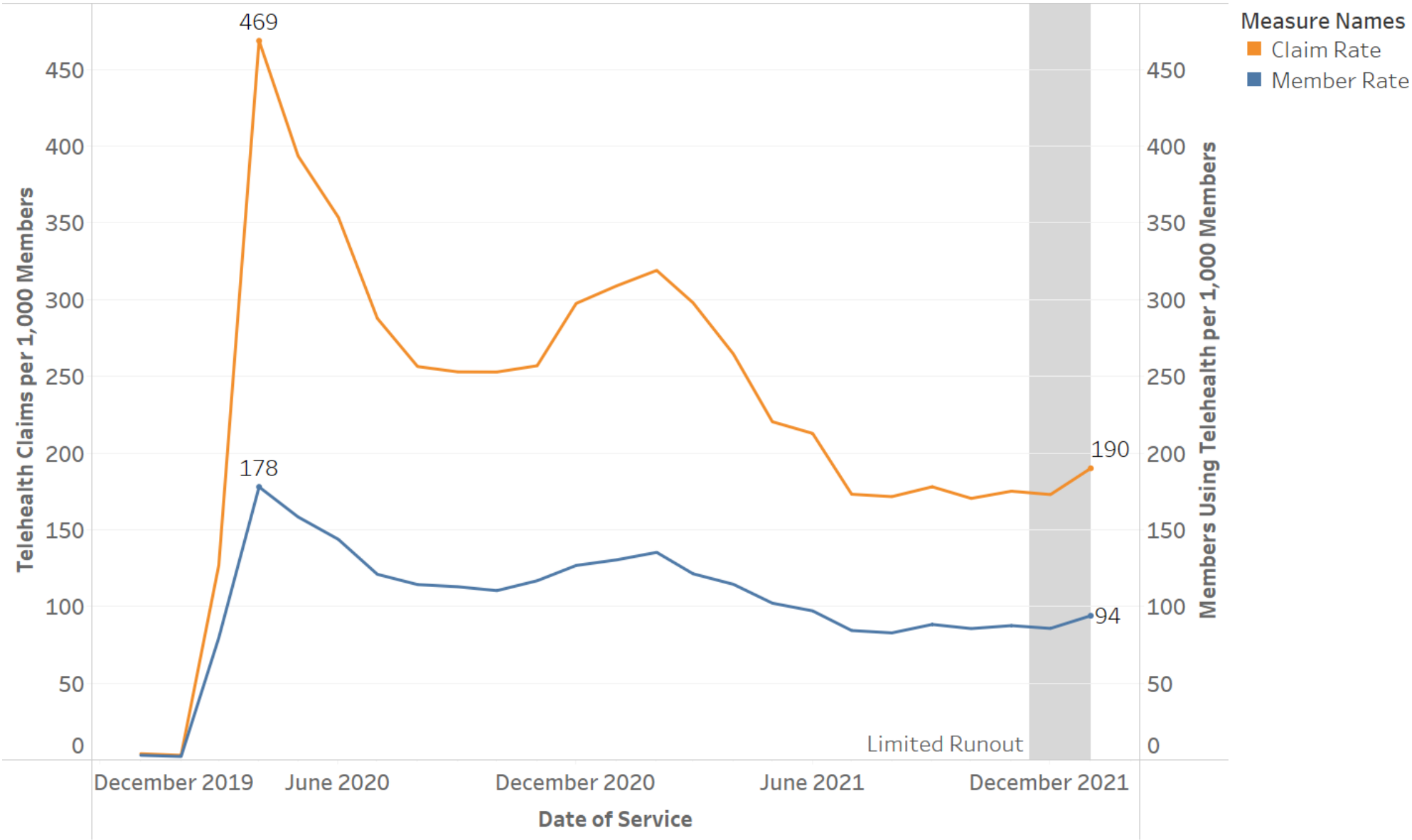
4/11/22

Data Sources/Methods

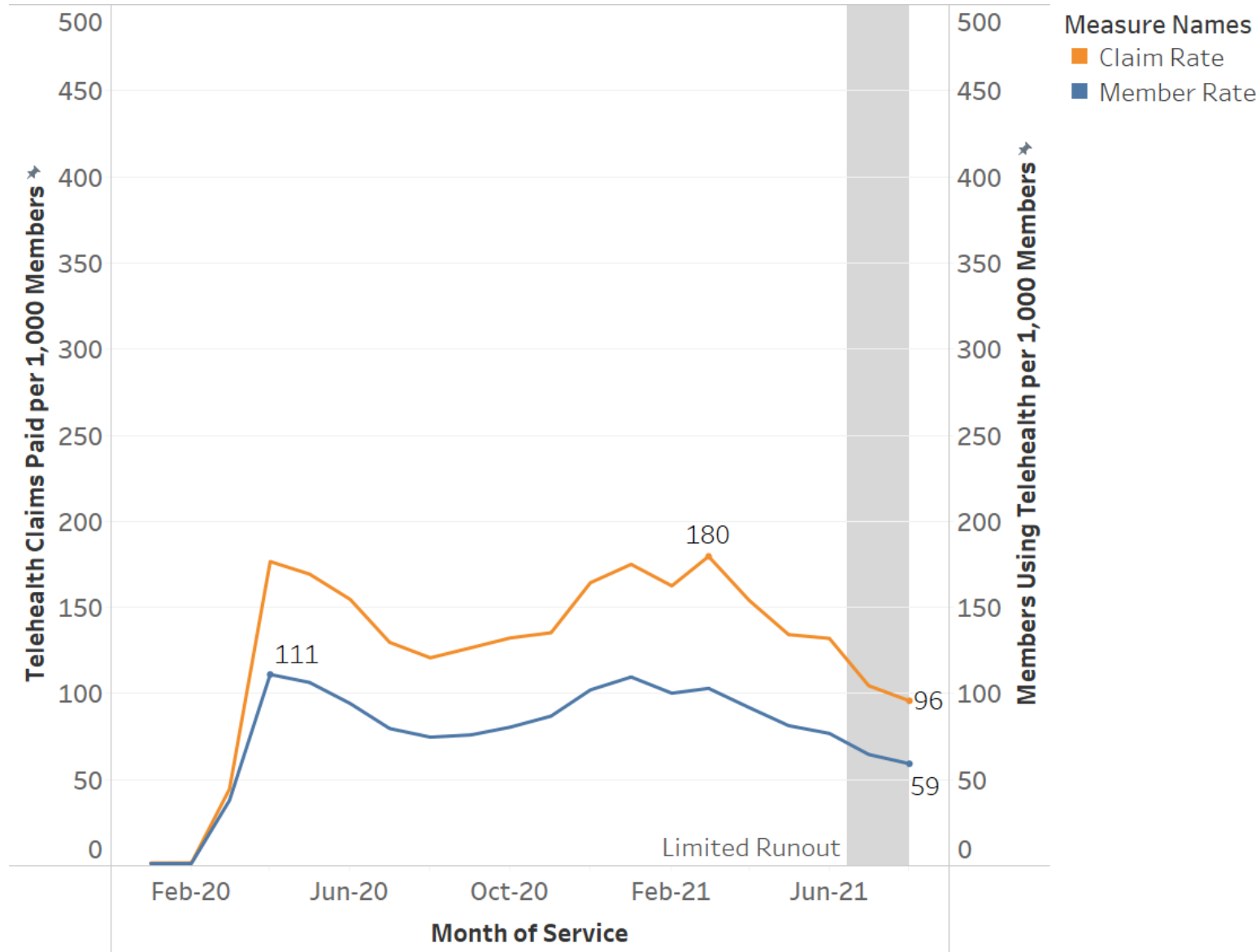
- Paid Claims Data!
 - NH Medicaid Claims & Member Data (paid claims through 3/2022)
 - Fee-for-Service and Medicaid Managed Care Plans
 - 240,000 people
 - NH Resident Commercial Insurance & Member Data (paid through 10/2021)
 - Employer sponsored & individual Insurance for carriers regulated by the state who are required to submit claims data to the state under state statute/regulation
 - 345,000 people
- Not Included:
 - Medicare, Non-state regulated health care plans, Some self-funded insurance, Federal insurance, Self-pay, Medicaid LTSS/DCYF
- Telehealth Identified with special telehealth procedure codes, telehealth modifiers & telehealth place of service

Telehealth Trends

Medicaid Claims Paid and Users, 1/20 – 1/22

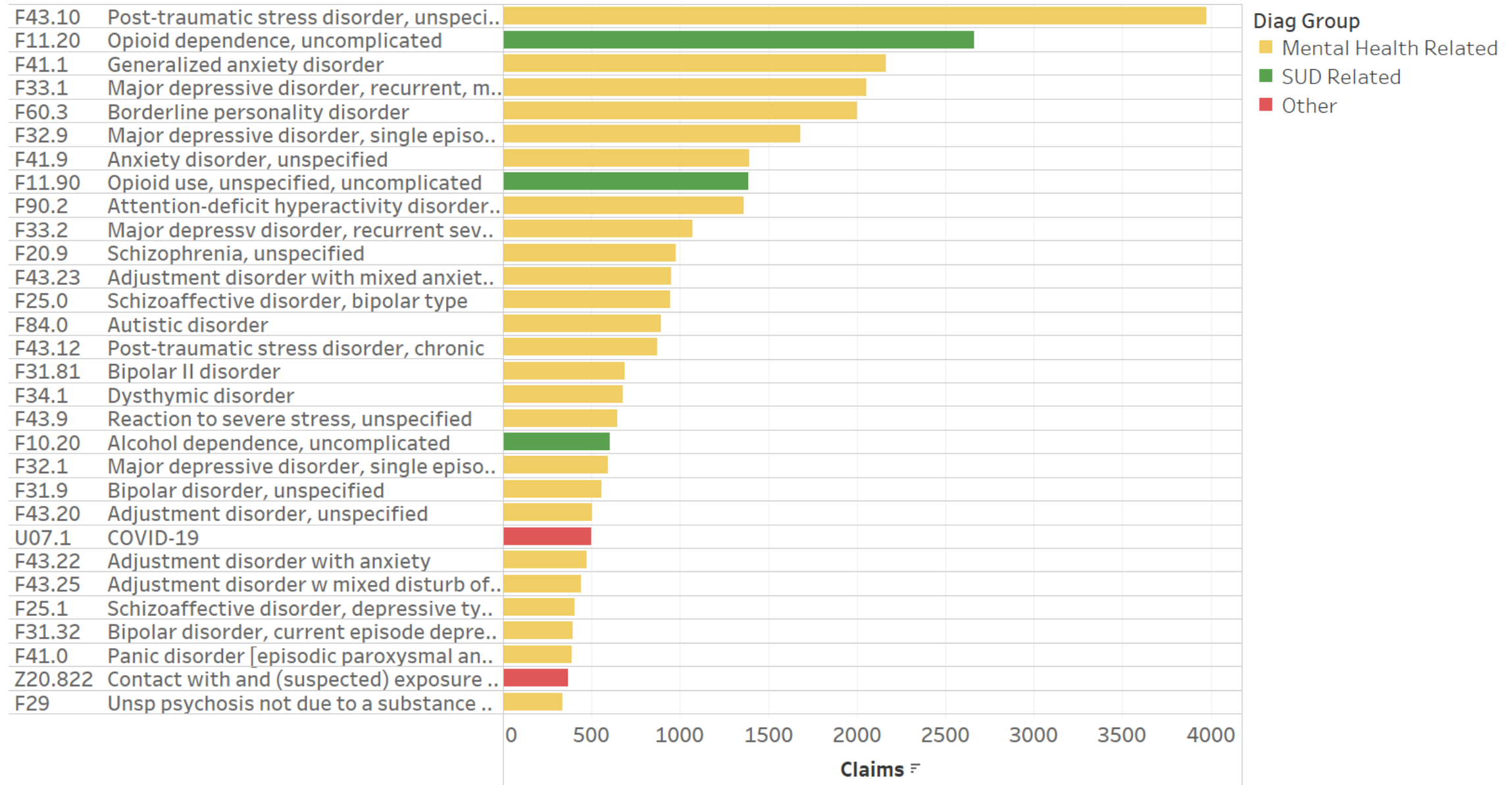


Commercial Claims Paid and Users, 1/20 – 8/21

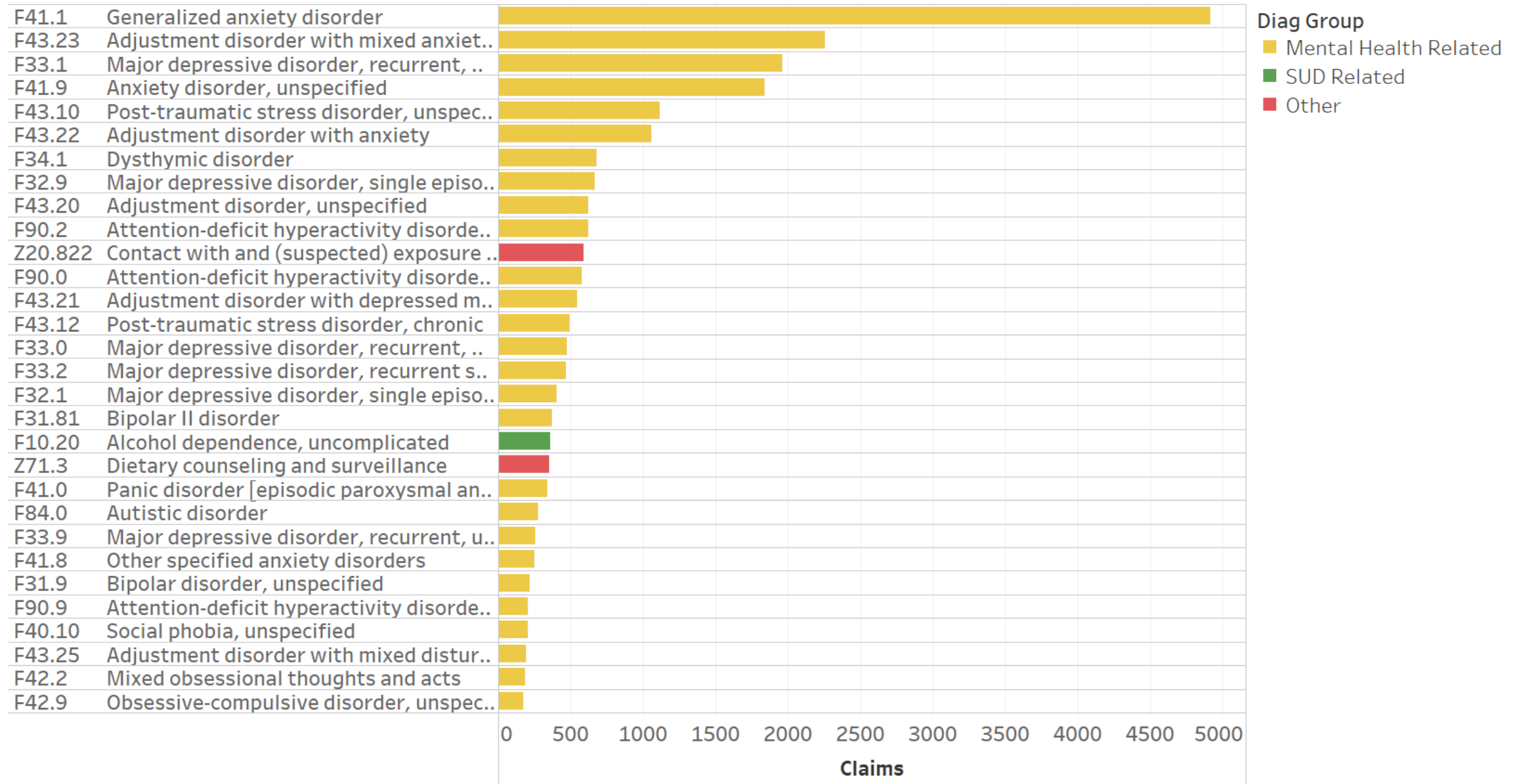


Top Telehealth Diagnoses and Procedures

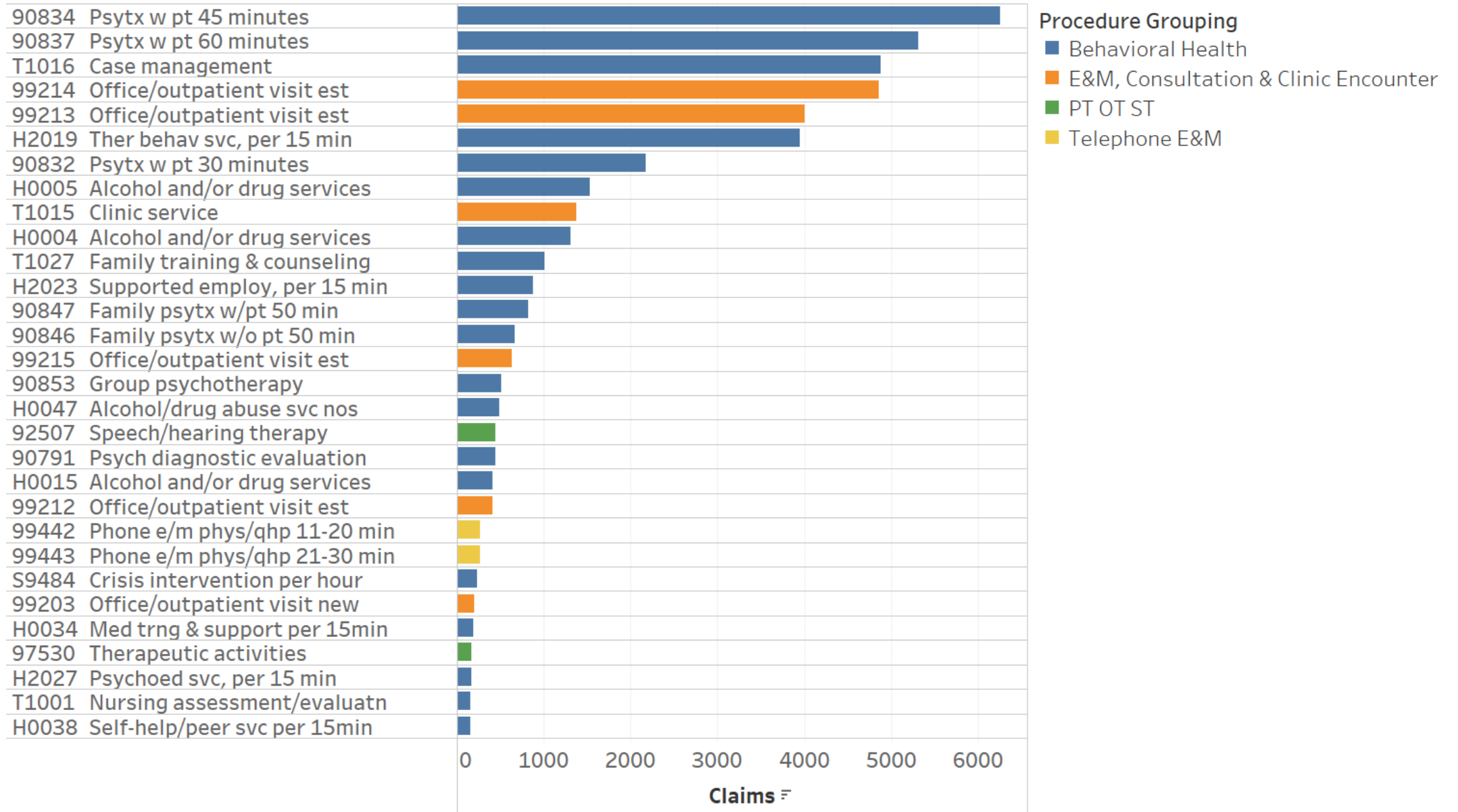
Top Medicaid Telehealth Diagnoses, 1/2022



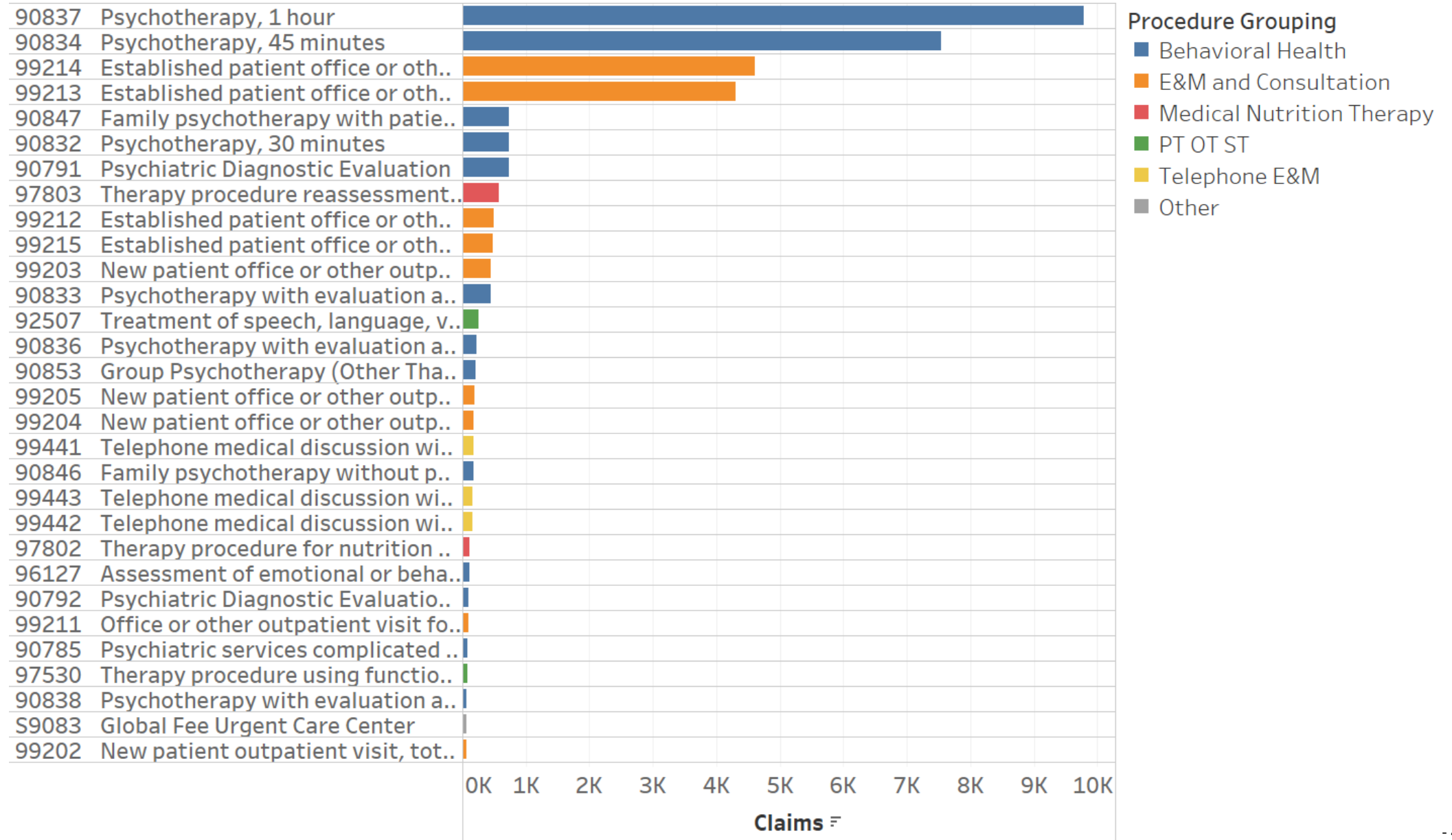
Top Commercial Telehealth Diagnoses, 8/2021



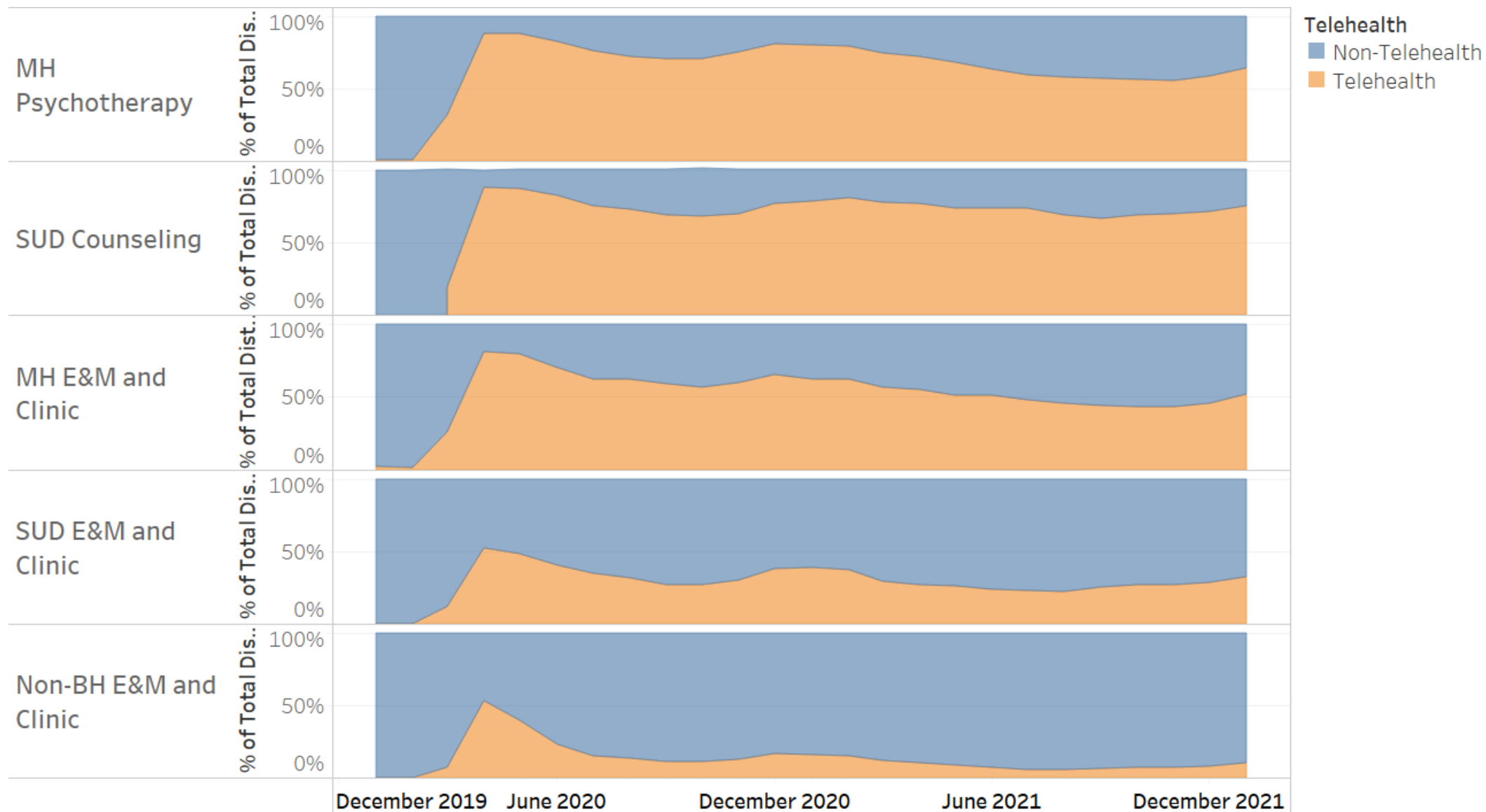
Top Medicaid Telehealth Procedures, 1/2022



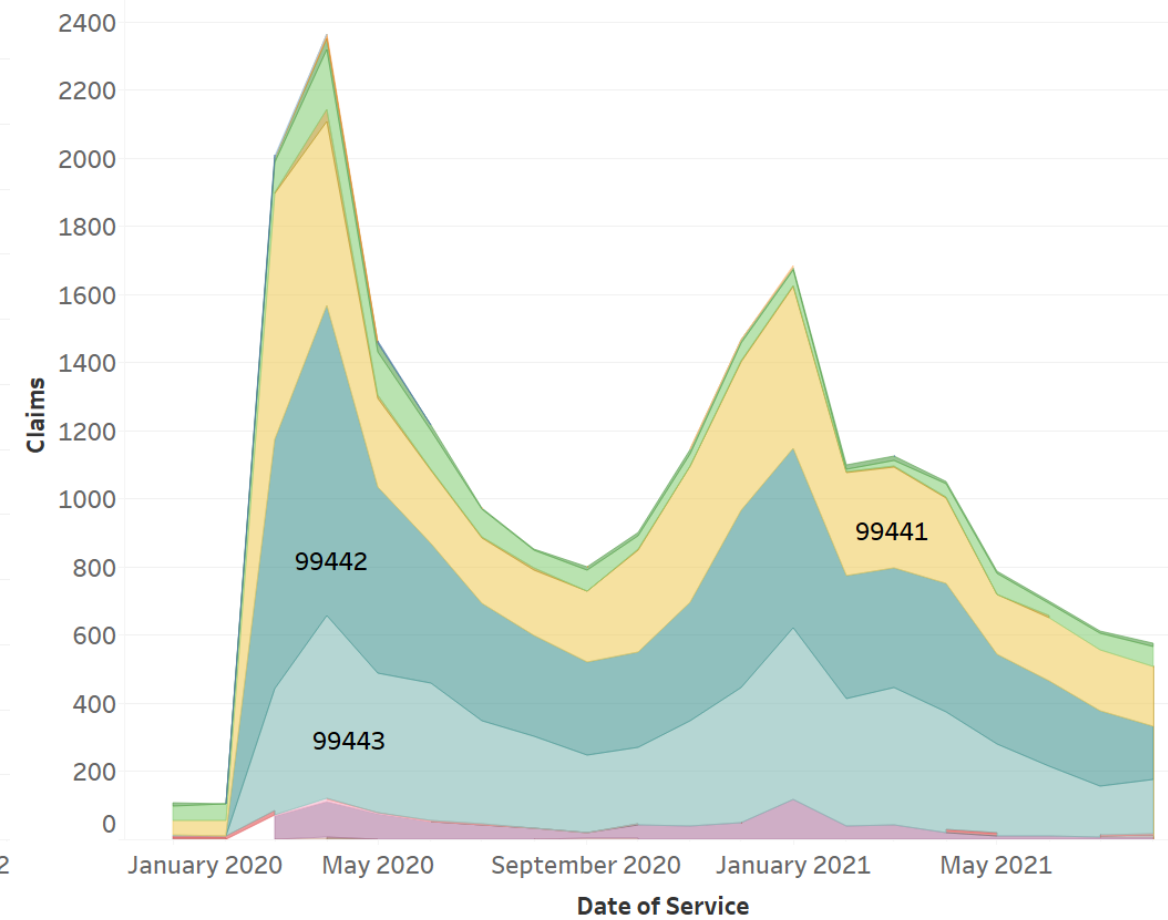
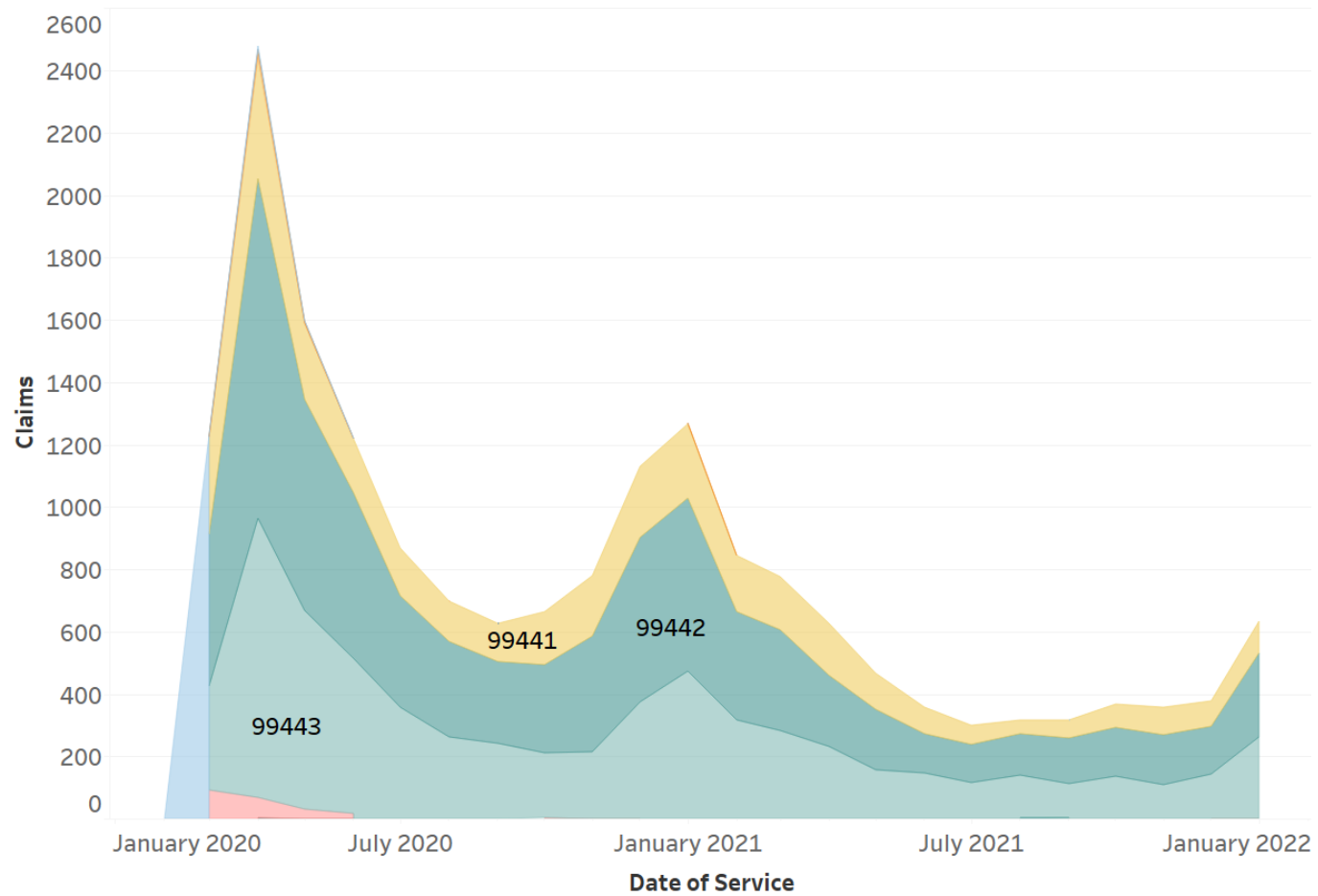
Top Commercial Telehealth Procedures, 8/2021



Medicaid Telehealth Share for Selected Procedures



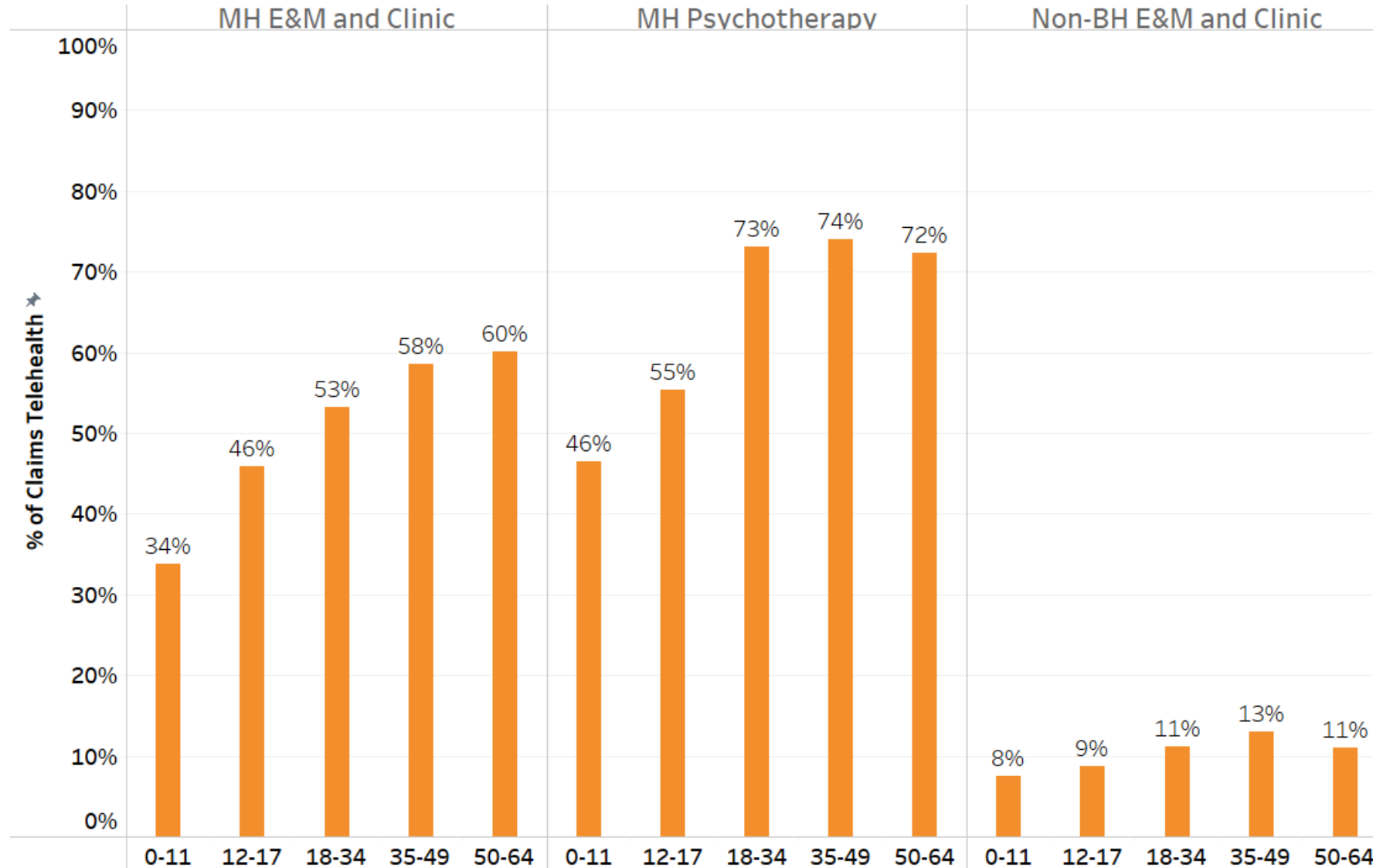
Special Telehealth Procedure Codes



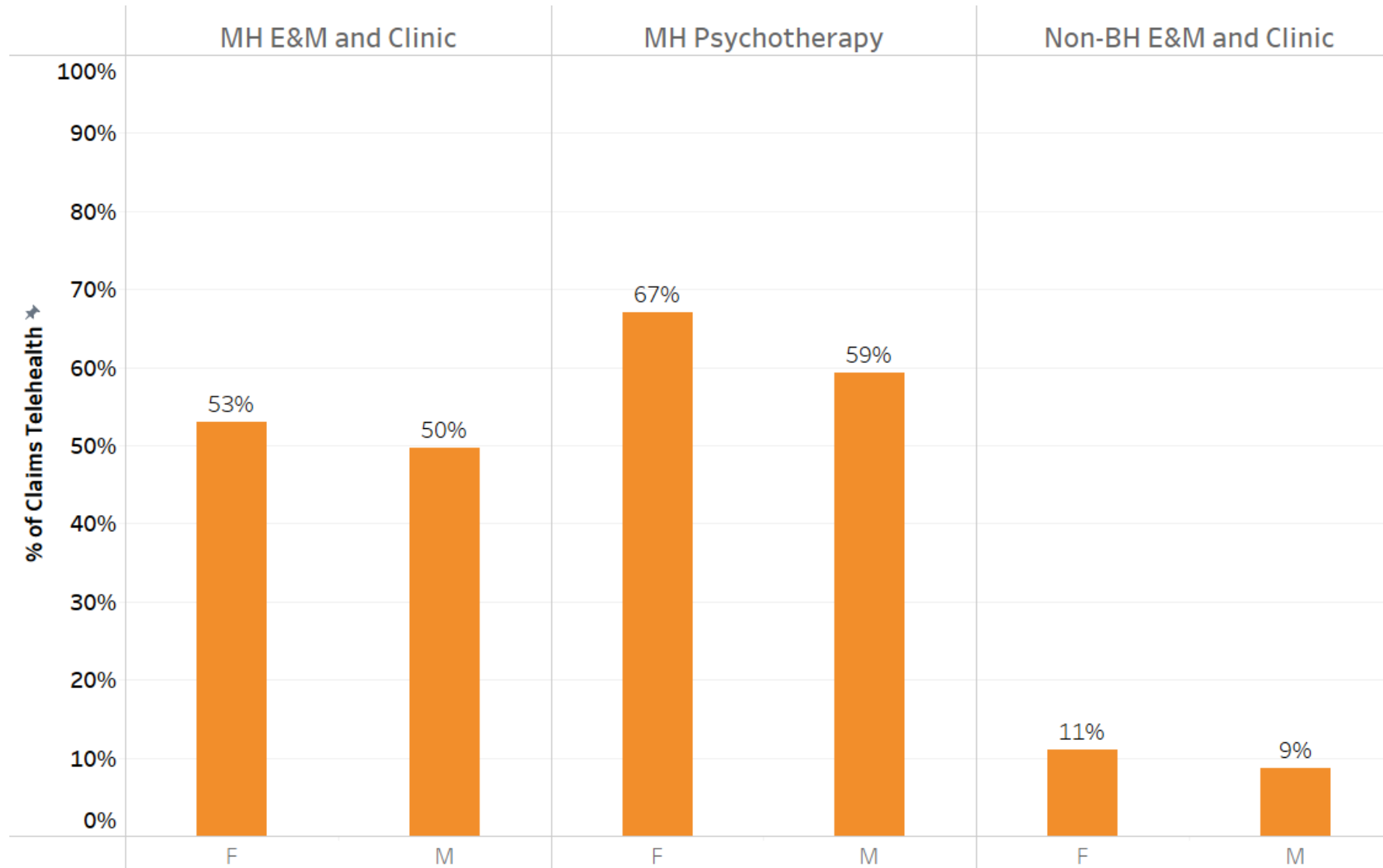
Almost entirely codes for telephone visit; Medicaid opened remote monitoring/eval. codes on 4/1/22

Medicaid Demographics

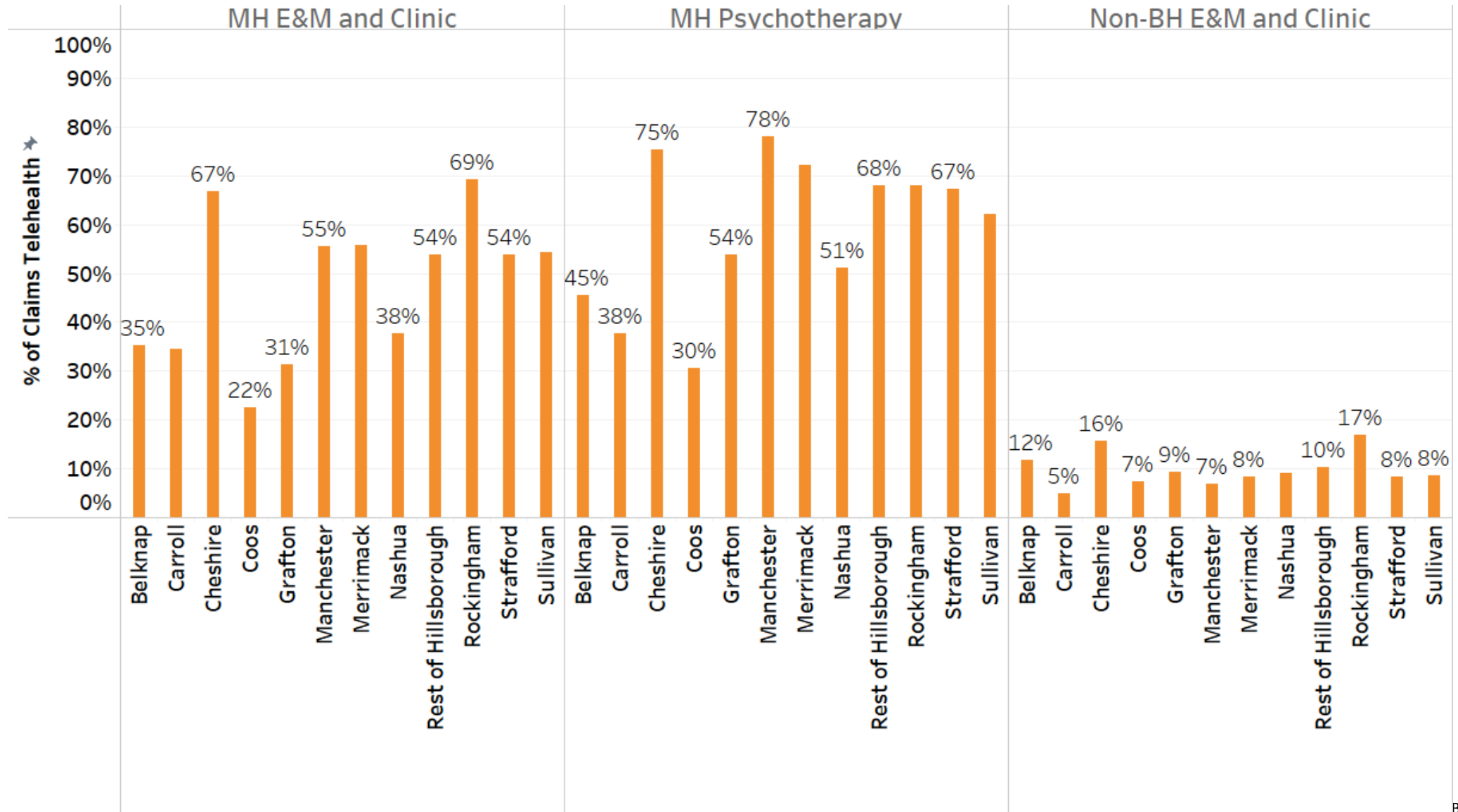
Medicaid Telehealth Percent by Age for Selected Procedure Groups, 1/2022



Medicaid Telehealth Percent by Gender for Selected Procedure Groups, 1/2022



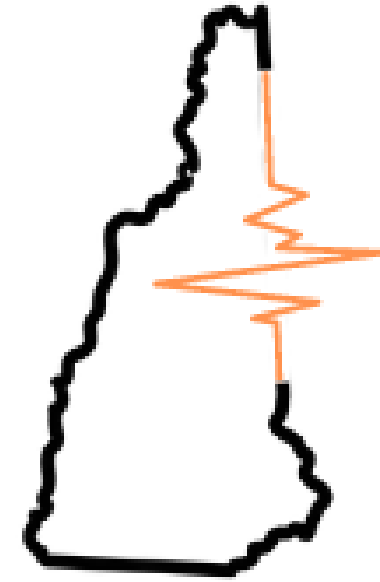
Medicaid Telehealth Percent by Geography for Selected Procedure Groups, 1/2022



Questions?

Thoughts for further investigation?

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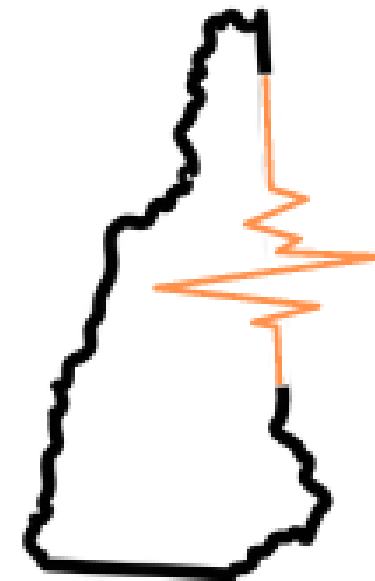


Q&A



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Policy Update

Agenda

- Utilization Data
- Federal Public Health Emergency

National Telehealth Utilization Data

Telemedicine utilization before COVID-19 versus after the start of COVID-19 pandemic reflect exponential rise in its use

4

Cantor et al / Am J Prev Med 2021;000(000):1-5

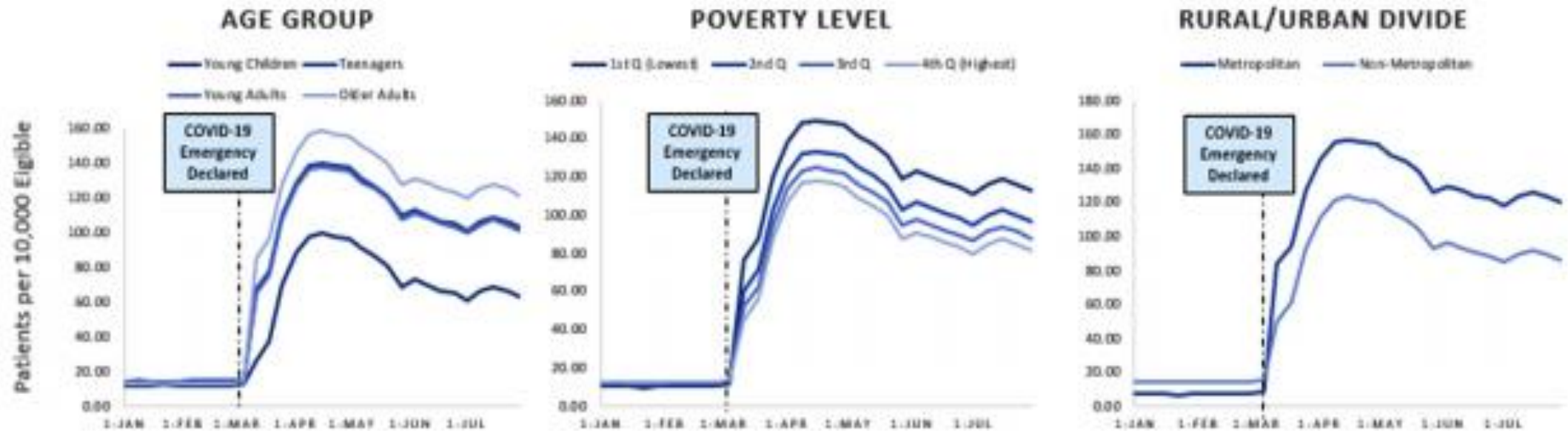
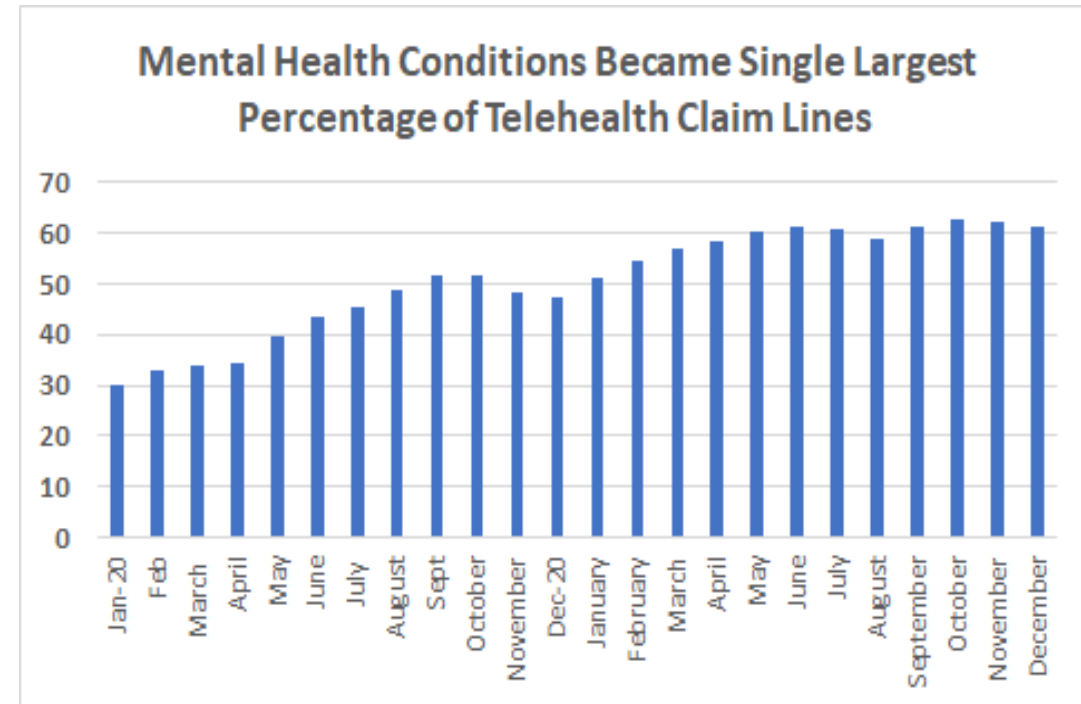
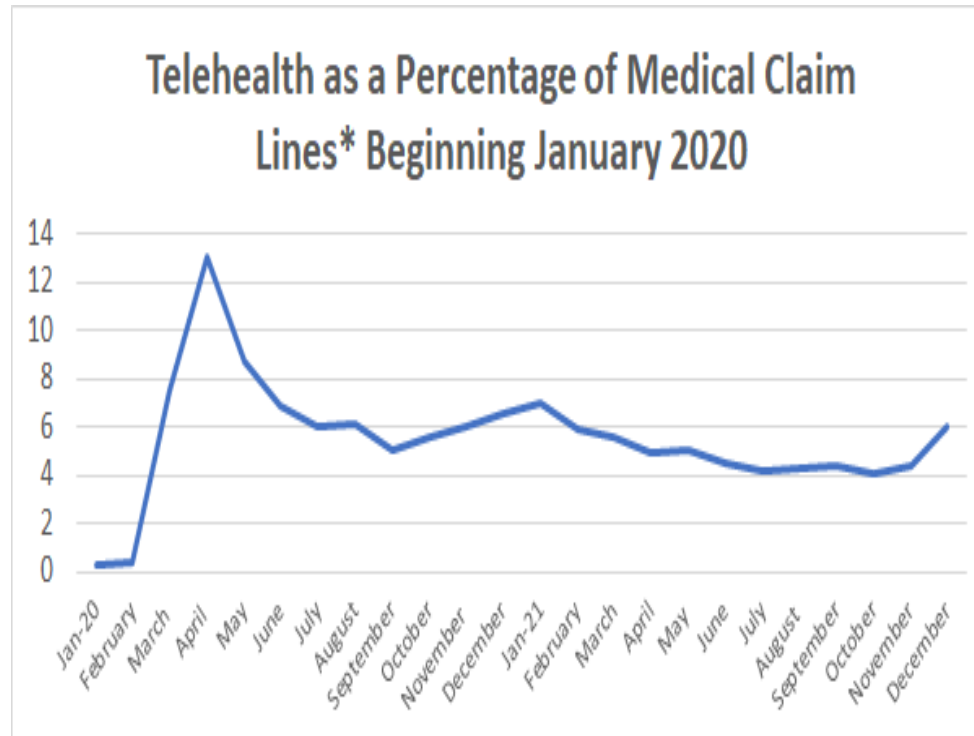


Figure 1. Adjusted rates of telemedicine utilization before versus that after the start of COVID-19 pandemic.

Telehealth Utilization Peaked in Among *Privately Insured in 2020; Remains Above Pre-COVID levels. Mental Health Continues to Constitute Largest Category of Diagnosis Among Telehealth Claims.



<https://www.fairhealth.org/states-by-the-numbers/telehealth>



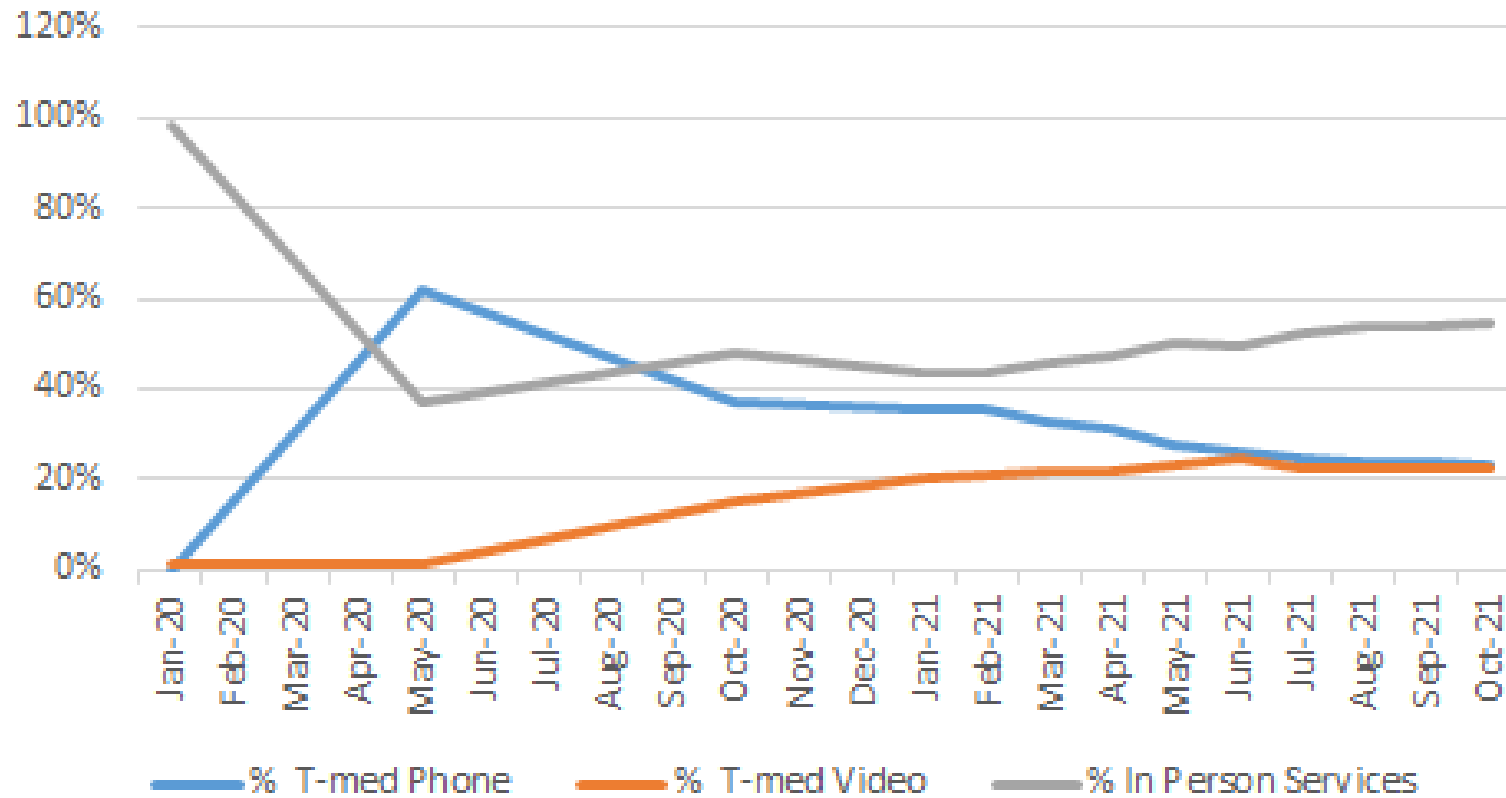
**Institute for Health
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Telehealth Remains a Significant Book of Business for CMHCs. MHCGM is a Representative Sample.

Mo/ Year	% T-med Phone	% T-med Video	% In Person Services
Jan-20	0%	1%	99%
May-20	62%	1%	37%
Oct-20	37%	15%	48%
Jan-21	36%	21%	44%
Feb-21	36%	21%	43%
Mar-21	33%	22%	46%
Apr-21	31%	22%	47%
May-21	27%	23%	50%
Jun-21	26%	24%	49%
Jul-21	25%	23%	53%
Aug-21	24%	23%	54%
Sep-21	24%	23%	54%
Oct-21	23%	22%	54%

Telemed by % at MHCGM



**Seen
Another
Way**

Federal Public Health Emergency and Federal Telehealth Policy

- Federal Public Health Emergency declaration has been renewed every 90 days since March of 2020.
- **It currently runs until April 16, 2022. Observers expect it to be renewed at least one more time.**
- States will receive at least 60 days-notice before the emergency ends.
- Medicare telehealth flexibilities are temporary and are predicated on the federal public health emergency. When the PHE ends, these flexibilities end.

Medicare and Telehealth

Telehealth has been around for a long time, but largely unused.

Medicare started paying for some telehealth services in 2001:

- Patient located in rural region
- Limited services
- Patient had to go to a medical provider's office



COVID-19 transformed telehealth into a commonly used modality and vital public health tool almost instantaneously.

Adoption of telehealth experienced 10 years of progress in 2020 alone.

Current Medicare Flexibilities

- Patients can receive services via telehealth at home.
- Audio-only contact allowed.
- Hundreds of telehealth services are covered for reimbursement.
- Telehealth services are reimbursed at a rate no less than in-person services.
- Copayments for telehealth services can be waived.
- Privacy regulations relaxed to permit use of common technology.

What Does This Mean When the PHE Ends?

- Parity in reimbursement for services and guaranteed reimbursement for audio-only under Medicare will end.
- Waivers of geographic and site of service location of patient within Medicare will end for most services, significantly limiting the ability to use telehealth.
- Coverage for telehealth mental health services in Medicare was put into statute and has been made permanent. But there will be face to face requirements for telemental health after the PHE.
- Recent spending bill extends telehealth flexibilities for another 151 days after the expiration of the PHE.

What About Medicaid and the PHE?

PHE are flexibilities around the following items generally speaking:

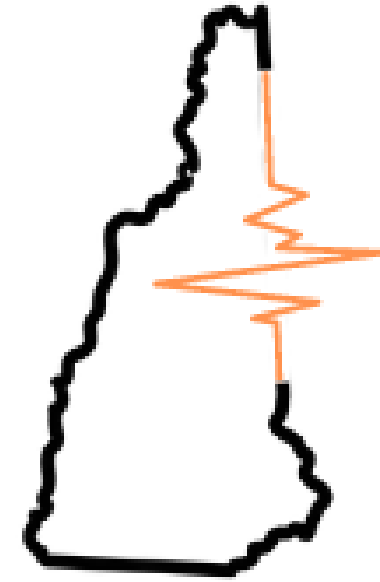
- Fee-for-service prior authorization requirements.
- Long Term Services and Supports
- Fair Hearings
- Provider Enrollment
- Reporting and Oversight
- Continuous Enrollment for Beneficiaries

Unless state law changes, Medicaid's coverage of telehealth will remain unaffected by the end of the PHE.

Thank you!

Deborah.Fournier@unh.edu

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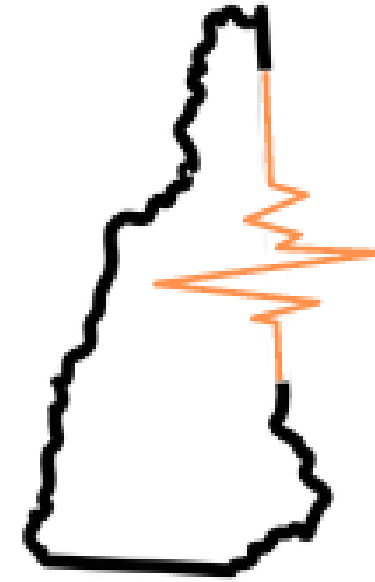


Q&A



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Thank you for joining us!

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