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Virtually.
Everywhere.

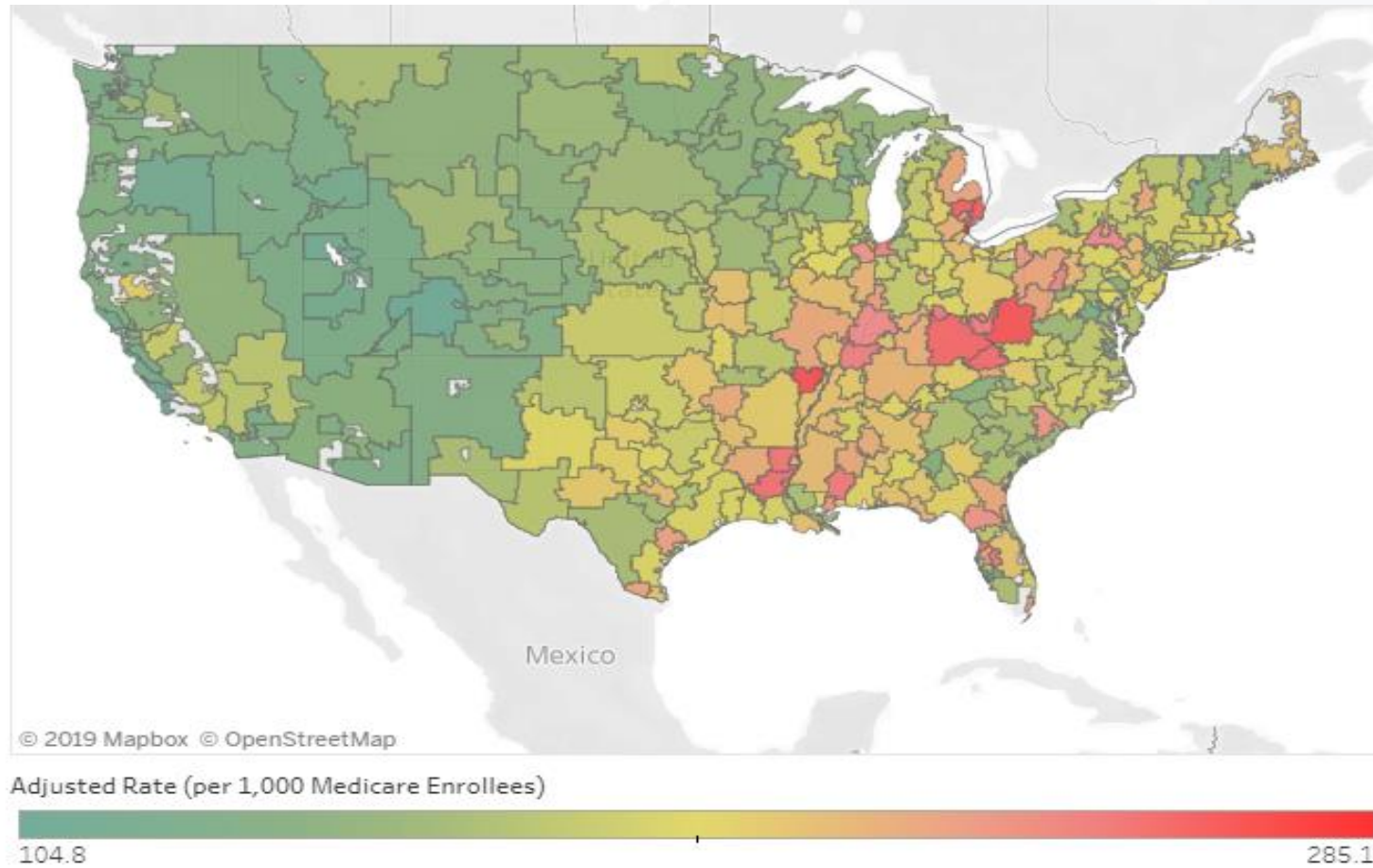
Telehealth & the Future of the Health Care Workforce

CSG Medicaid Academies

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Geography is your healthcare destiny



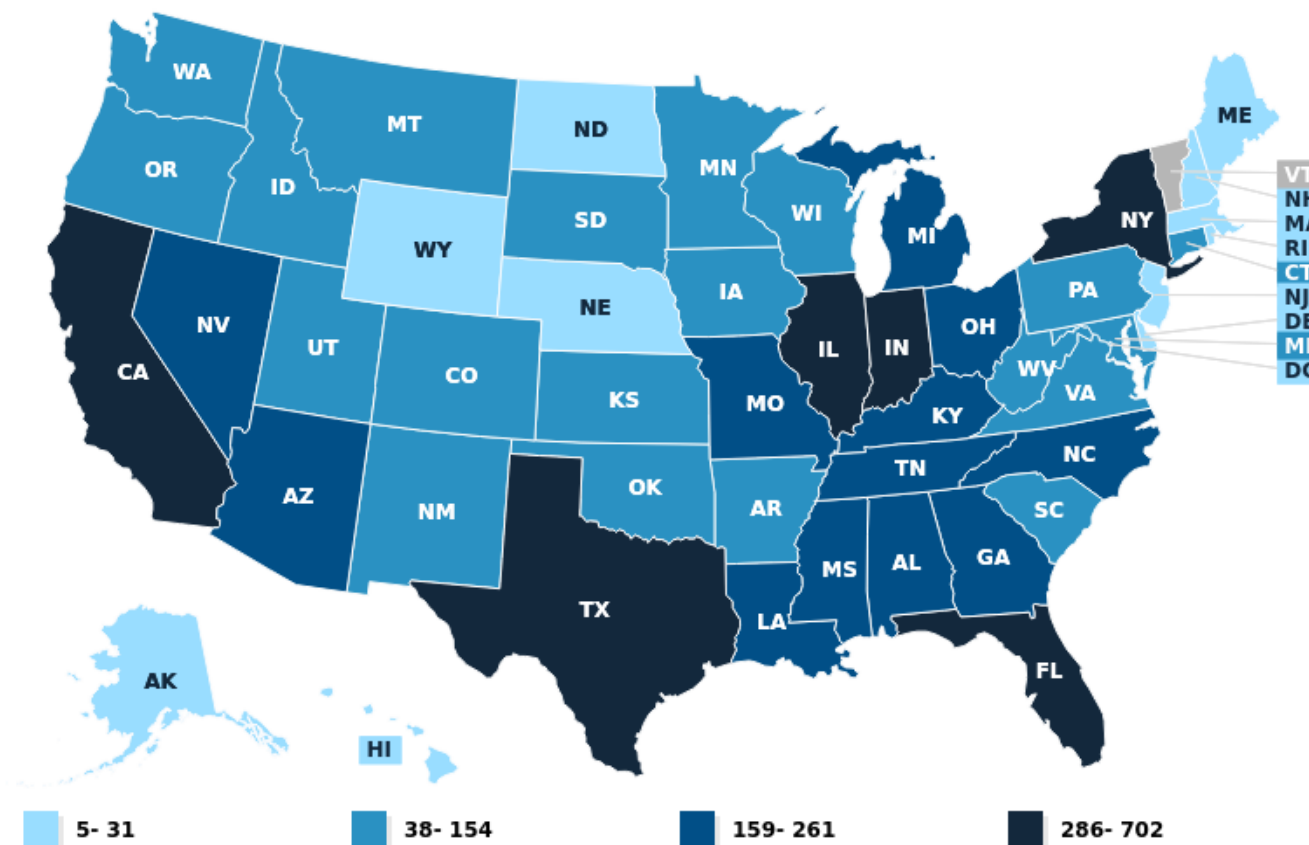
Mental Health Workforce



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Half of the US population
lives in a mental health
workforce shortage area

Mental Health Care Health Professional Shortage Areas (HPSAs): Practitioners Needed to Remove HPSA Designa



SOURCE: KFF's State Health Facts.

Telehealth to Expand Access to Care for Medicaid Beneficiaries

Strategies to Address Behavioral Health Workforce Shortages: Findings from a Survey of State Medicaid Programs

- Telehealth may address workforce shortages , particularly in behavioral health, and increase access to care.
- States have broad authority to cover telehealth in Medicaid without federal approval.
- As of July 2021, most states reported wide coverage of telehealth services in both FFS and managed care programs.
- To increase health care access and limit risk of viral exposure during the pandemic, all 50 states and DC expanded coverage and/or access to telehealth services in Medicaid, including expansions aimed at increasing access to telehealth delivery of behavioral health care.
- In FY 2022, more than three-quarters of states reported that behavioral health services were among those with the highest utilization.
- Nebraska noted that telehealth was the most effective strategy for addressing its behavioral health workforce challenges.

Source: "How the Pandemic Continues to Shape Medicaid Priorities: Results from an Annual Medicaid Budget Survey for State Fiscal Years 2022 and 2023 - Telehealth - 10030." KFF, 15 Nov. 2022, www.kff.org/report-section/medicaid-budget-survey-for-state-fiscal-years-2022-and-2023-telehealth/.

Patients & Providers Satisfaction with Telehealth



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Patients

- 95% of Medicare beneficiaries were satisfied with their most recent telehealth visit
- 8 in 10 patients said their primary health issue was resolved with a telehealth visit
- About 40% of patients interact with providers more because of telehealth
- 83% of patients had a good quality telehealth visit

Sources: Bipartisan Policy Council, GoodRx Healthcare Survey, c19hcc.org



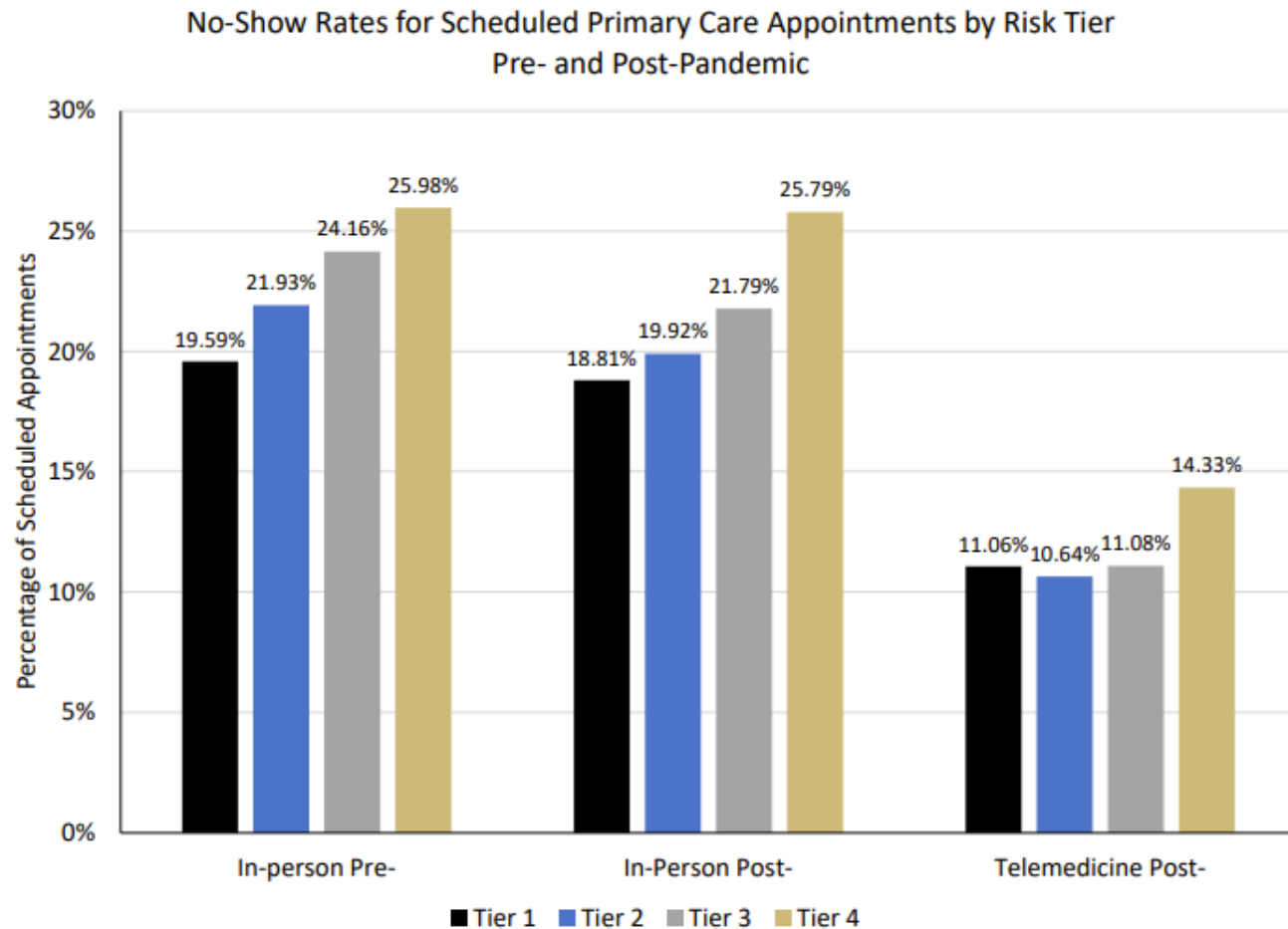
Providers

- 80% of providers reported that the overall level of care provided via telehealth was better or equal to that of in-person care
- Over 70% of providers reported that telehealth had made patient continuity of care better or much better
- 64% of clinicians say telehealth enables more comprehensive quality care and 61% say it increases efficiency

Source: Good Rx Healthcare Survey, 2021, Project Healthcare, Nashville Entrepreneur Center

Telemedicine Can Reduce Disparities

Telemedicine
reduced disparities
in PC no-show rates
for medically
complex patients



Source: Colorado, Department of Health. Center for Connected Health Policy (CCHP),
cchp.nyc3.digitaloceanspaces.com/2021/09/FALL-WEBINAR-MEDICAID-2-DATA-EVAL-PPT-FINAL.pdf.
Accessed 14 Sept. 2023.

Barriers to Expanding Telehealth in Medicaid

Cross-state
licensure



Enrollment
obstacles



Services eligible via
telehealth



In-person
requirements



Provider types
eligible to use
telehealth



Permissible
modalities



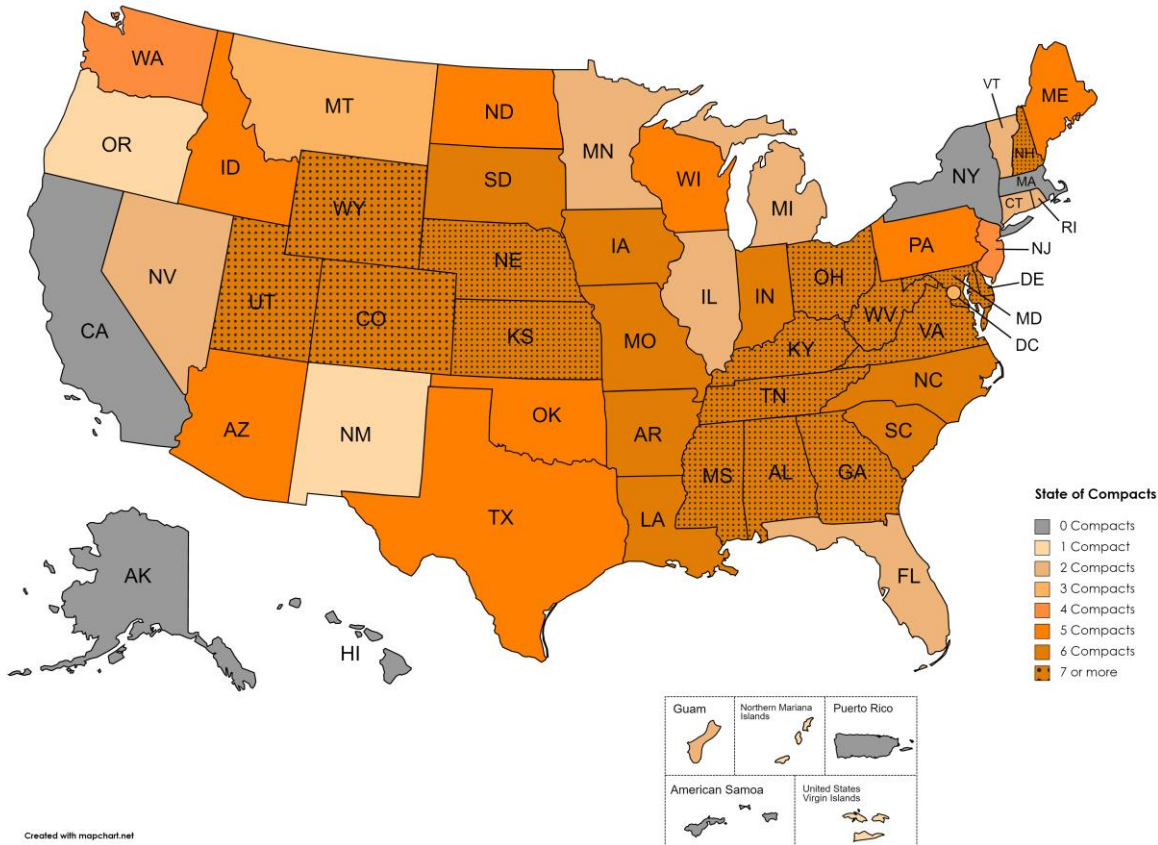
COVID-19 Policies Expanded Use of Telehealth in Medicaid

- Fifty states and Washington DC provide reimbursement for some form of live video in Medicaid fee-for-service.
- Twenty-eight state Medicaid programs reimburse for store-and-forward.
- Thirty-four state Medicaid programs provide reimbursement for remote patient monitoring (RPM).
- Thirty-six states and DC Medicaid programs reimburse for audio-only telephone in some capacity; however, often with limitations.
- Twenty state Medicaid programs reimburse for all four modalities (live video, store-and-forward, remote patient monitoring and audio-only), although certain limitations may apply.
- Forty-three states, the District of Columbia and Virgin Islands have a private payer law that addresses telehealth reimbursement. Not all of these laws require reimbursement or payment parity. Twenty-four states have explicit payment parity.

Source: Center for Connected Health Policy, Executive Summary, Spring 2023 edition

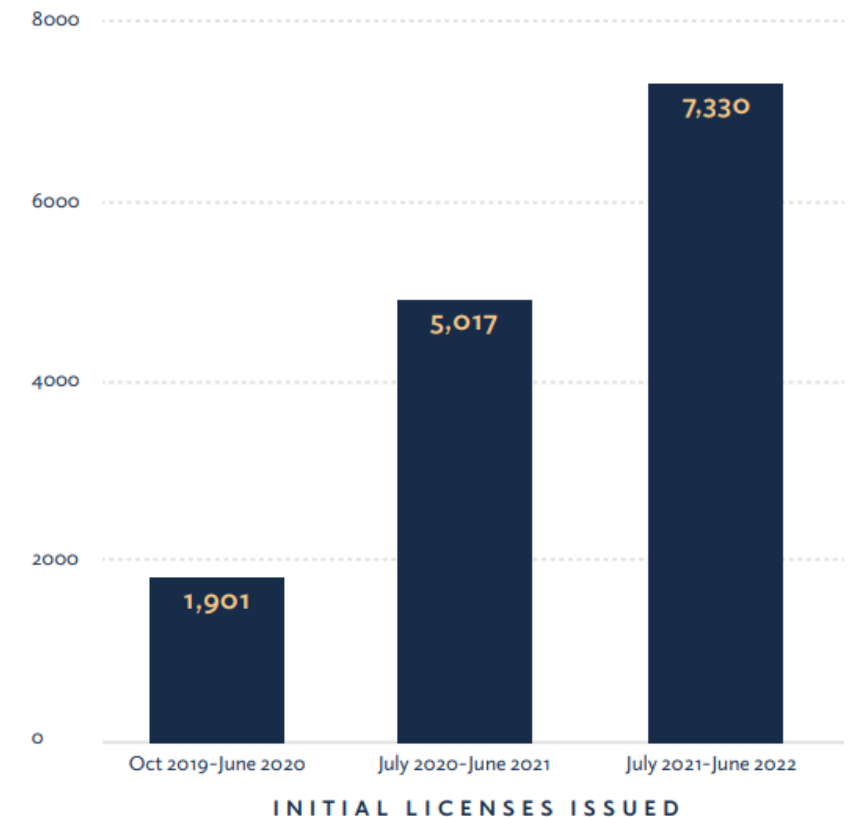
Moving Forward: Supporting Licensure Flexibility

Licensure Compacts



Telehealth Registration Model

Figure 1. Number of Approved Out-of-State Telehealth Registrations in Florida



Moving Forward: Improving Enrollment for Telehealth Providers

- Some states require providers to have an in-state brick and mortar service address to be considered an in-state Medicaid provider
- Other states have policies that enrollment requirements that are unduly burdensome for licensed providers who are residing out of state.
- Consequently, telehealth providers can either be denied enrollment by Medicaid or required to adhere to onerous and unnecessary out-of-state provider rules not intended for telehealth.



Admitting Hospital Privileges

“In-state physicians providing services through the use of telemedicine/telehealth must have admitting privileges at a Georgia hospital or an arrangement with a local physician who has admitting privileges.

Out of state physicians providing services via telehealth must have an arrangement with a local physician who has admitting privileges or a local hospitalist.”



“Providers must indicate an in-state or qualifying bordering state site of practice address from which telemedicine services will be provided....”

Moving Forward: Refining In-Person Requirements

- Some state Medicaid policies put limits on the use of telehealth services and/or require the provider also offer in-person care. This can prove problematic:
 - Limits the available telehealth workforce to those within the patient vicinity, negating the advantages of telehealth
 - Places an additional burden on beneficiaries that is not placed on those covered under private insurance.



As standard practice, in-person visits are the preferred method of service delivery. . . . **Telemedicine services cannot be continued indefinitely for a given beneficiary without reasonably frequent and periodic in-person evaluations** of the beneficiary by the provider to personally reassess and update the beneficiary's medical treatment/history, effectiveness of treatment modalities, and current medical/behavioral condition and/or treatment plan..



(2) Effective on the date designated by the department pursuant to paragraph (1), a provider furnishing services through video synchronous interaction or audio-only synchronous interaction shall also do one of the following:

(A) Offer those services via in-person, face-to-face contact.

(B) Arrange for a referral to, and a facilitation of, in-person care that does not require a patient to independently contact a different provider to arrange for that care.

Source: [Michigan Medicaid Bulletin \(2023\)](#); [Alabama Medicaid Telemedicine Policy \(June 2023\)](#)