

Telehealth Expansion and Payment Parity Study

TECHNICAL ADVISORY GROUP (TAG) MEETING 6 NOTES

Date: 7/14/2023 8:30 a.m. – 10:00 a.m.

Welcome and Agenda Overview

- **TAG members in attendance**
 - Jonathan Neufeld (gpTRAC)
 - Sue Abderholden (NAMI)
 - Ryan Jelinek (Hennepin Healthcare)
 - Leo Bay (Essentia Health)
 - Barb Andreasen (Allina Health)
 - Karen Amezcua (Blue Cross Blue Shield)
 - Carrie Suplick Benton (SEGIP)
- **TAG members not in attendance**
 - Jean Abraham (UMN)
 - Alicia Bauman (Lakewood Health)
 - Jeremy Hanson Willis (Rainbow Health)
 - Cara McNulty (CVS Health/Aetna)
 - Bentley Graves (MN Chamber of Commerce)

Update from MDH

- The Minnesota Legislature extended payment parity of audio-only telehealth services until June 30, 2025. This will allow the state two more years to develop related payment policies.
- Starting January 1, 2025, MDH can factor in telehealth when it measures network adequacy for provider networks.
- An update to surprise billing: Provider-based clinics that charge a facility fee will have to provide notice to patients who receive care via telehealth that the clinic is part of a hospital and that there may be a separate charge or bill related to that service.

Presentation by Mathematica

MDH is working with Mathematica, a research and data analytics firm, to examine data from the MN All Payer Claim Database (MN APCD). Mathematica's analysis will contribute to MDH's final

report examining how the expansion of telehealth and payment parity has impacted Minnesotans with private insurance. The final report will also reflect information gathered through analysis of other data sources, interviews and listening sessions, and the published literature.

Mathematica provided a description of its research questions, an overview of its analysis approach, as well as how it would be measuring telehealth use and outcomes. (See separate PDF of presentation for further detail.)

Mathematica noted that while overall telehealth use had increased from before the pandemic (2019) to midway through the pandemic (2021)—in numbers consistent with survey data and the interim report—the use of audio-only telehealth was lower than expected, again based on comparison to the survey data cited in the interim report.

Mathematica suggested that inconsistencies in how telehealth visits are coded could be one reason why they might be under-identifying audio-only visits and over-identifying audio-visual telehealth visits. However, the lower number of audio-only visits in the analysis could limit the study's ability to evaluate outcomes associated with audio-only telehealth.

TAG Discussion about presentation

Discussion focused on a range of study components, including:

- **Study Populations**—Mathematica will examine differences in outcomes for telehealth users versus nonusers in two separate analysis clusters: in one cluster, they will compare the change in outcomes from 2019 to 2021 for patients who used telehealth versus patients who did not use telehealth; and in the second cluster, they will compare outcomes in 2022 for patients who used telehealth in 2021 versus patients who did not use telehealth in 2021.
- **CPT Codes Analyzed**—TAG members had questions about the codes used and expressed interest in reviewing the code list. A TAG member noted that their organization (a health insurance company) advises providers to use modifiers 93 or FQ if audio-only was used. It also uses place of service codes and the modifiers to identify which claims are telehealth versus telephone-only codes. Mathematica has not used FQ to date and will investigate further.
- **Services Analyzed**—One point of discussion centered on better understanding how health care has changed with the growth in telehealth usage. A TAG member noted that it is important to distinguish between actual changes in overall utilization of health services and changes in how telehealth visits are coded. TAG members cautioned that payers may differ in what codes they require, which can hinder a complete understanding of how telehealth use has changed in Minnesota.

Mathematica confirmed that the list of services examined was expansive and included all ambulatory (outpatient) visits, procedures, or services, regardless of whether telehealth was a

viable option. The main types of telehealth services NOT included in the analyses are those used as part of inpatient and ED visits, or for remote patient monitoring (RPM).

Additional considerations for the claims data analysis suggested by the TAG include:

- For patients who seek care for mental health, telehealth is often the preferred mode of receiving care, where you can see your providers through an audio-visual connection. For some, audio-only is the only option, whether people don't have access to the required technology, such as a laptop or a smartphone, or they don't know how to navigate the technical aspects of connecting to a provider through an audio-visual link.
- It is important to take into consideration social determinants when exploring access to care and quality of care.
 - Mathematica will use area-based data to the extent possible to approach questions of equity.
 - In addition to the Mathematica analysis of claims data in the MN APCD, the report to the Legislature will include findings from analyses of other data sources (e.g., the Minnesota Health Access Survey, the Minnesota EHR Consortium) that have additional information about social determinants of health.
- In addition to social determinants of health, there are other limitations to claims data that impact the ability to fully examine access. For example, we will not know details of benefit design, including to what extent access to telehealth might be incentivized such as by lower co-payments.
- MDH plans to meet with payers to better understand factors that are important to our understanding of telehealth, but not readily captured through available data.

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