Medicaid Approach to the Future of Telehealth

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Pre-COVID Policy

- Coverage for the delivery of telehealth services exclusively for:
  - Consultant site (distant)
  - Referring site (patient)
- Sites within the South Carolina Medicaid Service Area (SCMSA)
- Audio and video telecommunication system must be HIPAA compliant for reimbursement

Approach of Telehealth Alliance Just Before Pandemic

In the years leading up to the COVID-19 PHE, there was steady growth of telehealth services and provider adoption across South Carolina.

Statewide efforts included pilot projects and initiatives of all levels, supported largely by the South Carolina Telehealth Alliance (SCTA).
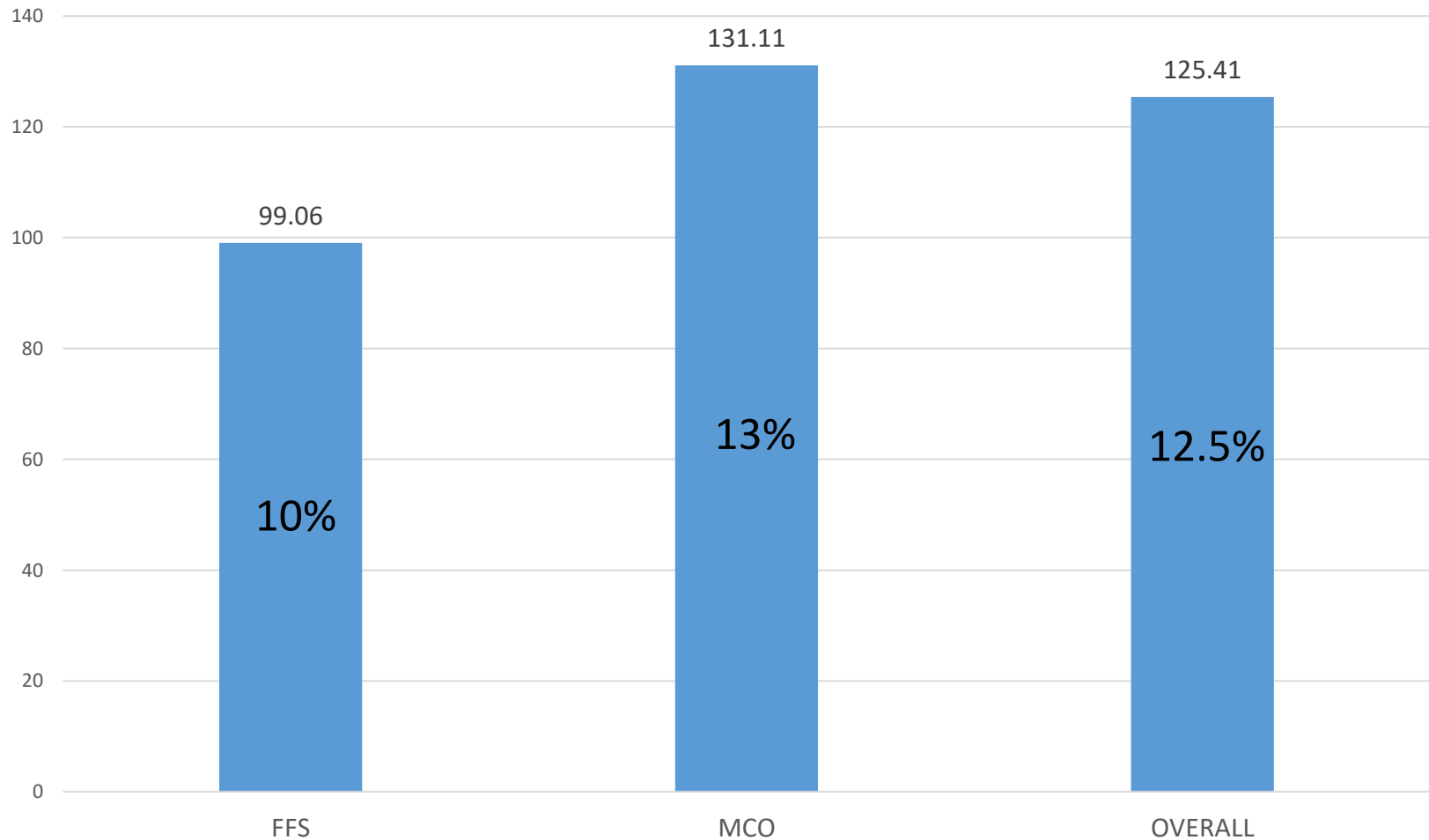
SCTA has been an active stakeholder of the Alliance, monitoring SCTA quarterly and annual reports related to programs and initiatives for evaluation and possible additions to Medicaid telehealth policy.

Public Health Emergency (PHE) Flexibilities

On March 19, 2020, SCDHHS began issuing a series of Medicaid bulletins in response to the COVID-19 Pandemic.

- 15 Medicaid bulletins (12 related to telehealth)

- Over 20 telehealth flexibilities
  - Allowed audio-only (telephonic)
  - Allowed home as referring site

Number of Members With At Least One Telemed Service
per 1,000 Members Enrolled in September 2021

Utilization by Service Type

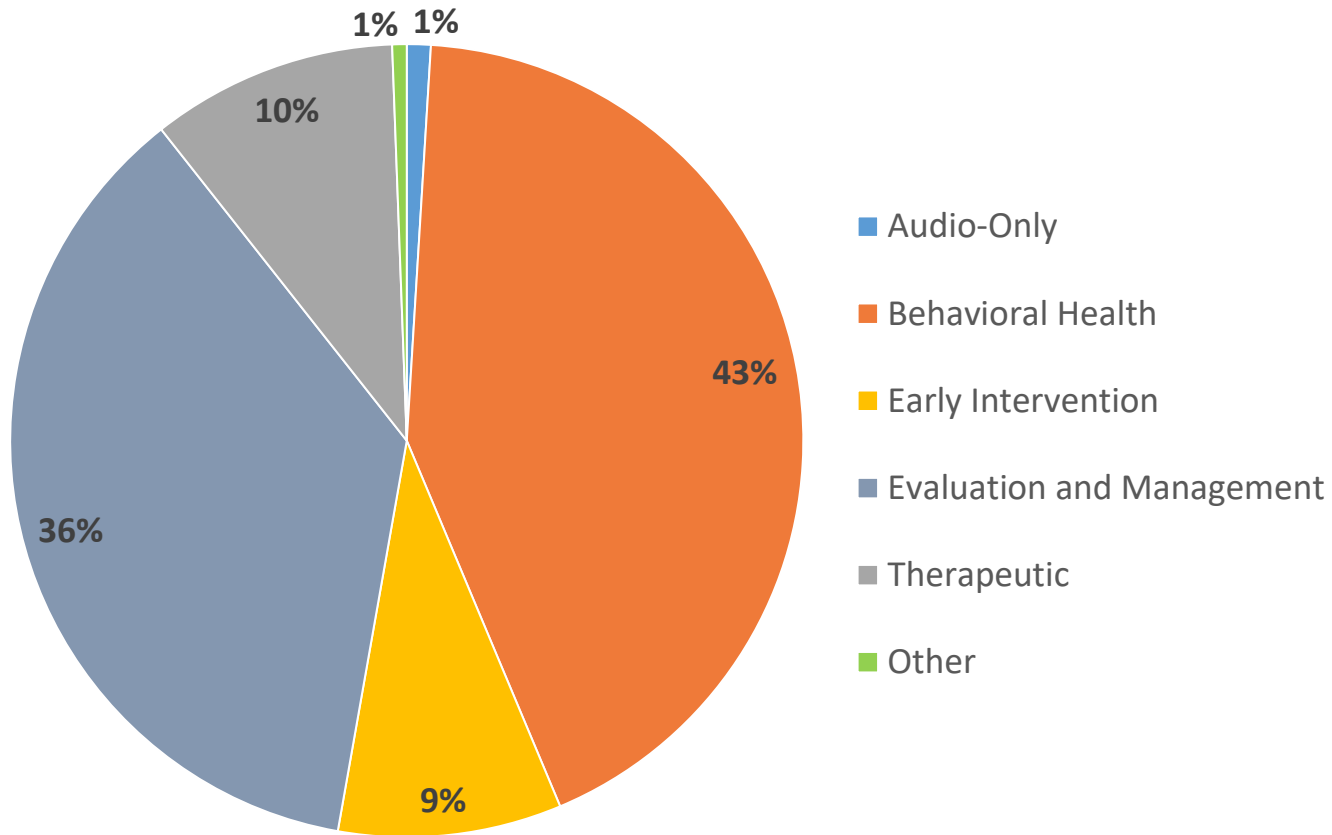Proportion of Telehealth Claims by Service Type, SFY2021

- Audio-Only
- Behavioral Health
- Early Intervention
- Evaluation and Management
- Therapeutic
- Other
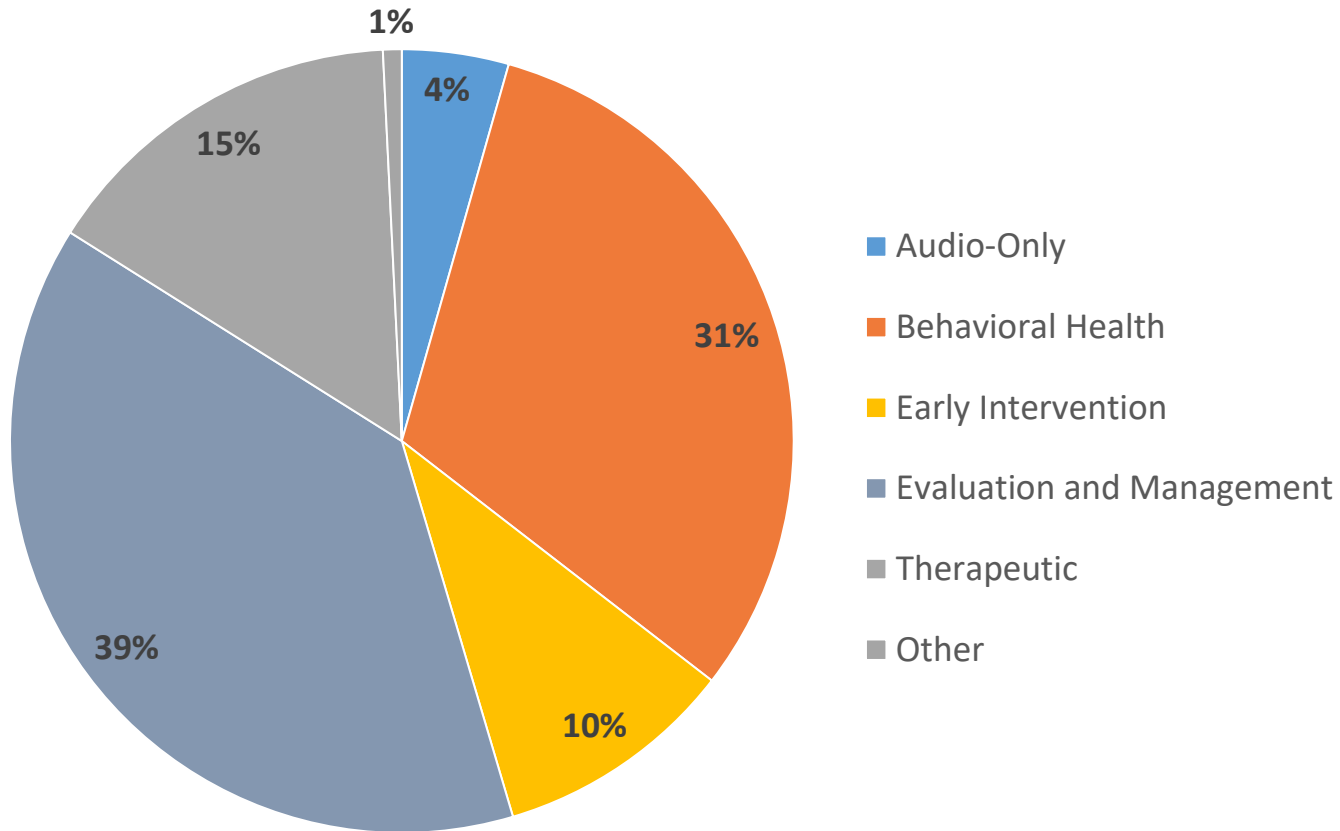
Total claims = 616,037

Utilization by Paid Amount

Proportion of Telehealth Expenditures by Service Type, SFY2021

Total Expenditures = $66,801,899
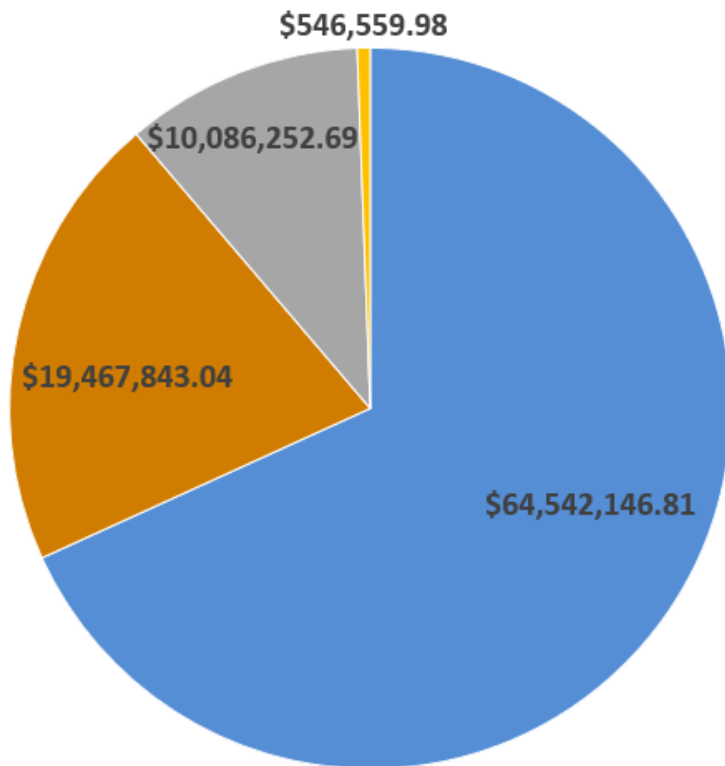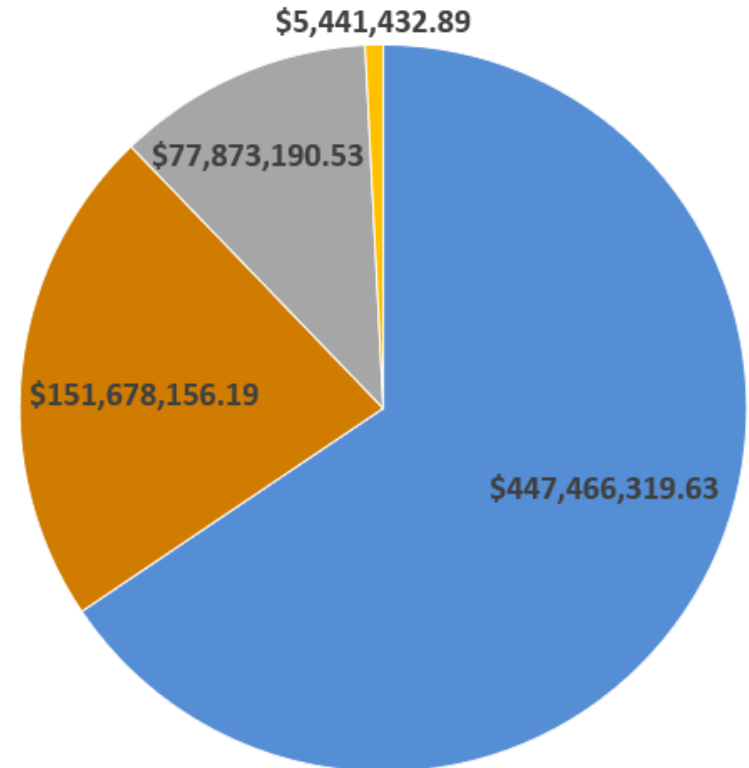
Expenditures by Age Group

Telehealth Services Only
SFY20 Q4-SFY21 Q4

$546,559.98

$10,086,252.69

$19,467,843.04

$64,542,146.81

Total = $94,642,803

In-Person Services Only
SFY20 Q4-SFY21 Q4

$5,441,432.89

$77,873,190.53

$151,678,156.19

$447,466,319.63

Total = $682,459,099

- 0-18 Years
- 19-44 Years
- 45-64 Years
- 65+ Years

SCDHHS Telemedicine Proviso Report

On October 1, 2021 SCDHHS submitted a report to the Legislature on the status of the telehealth program and the direction of telehealth policy as we emerge from the PHE.

The foremost priority identified in the report is continued evaluation of services that may achieve the department's access, cost and quality goals.

Areas identified for additional review for <u>possible</u> policy addition:

- Patient home as an approved referring location

- Behavioral health provider type restrictions

- Audio-only services

CMS State Medicaid Telehealth Toolkit

- CMMS provided guidance for States evaluating telehealth post COVID-19

- Guided Decision Points
  - Population
  - Service
  - Provider
  - Technology

Phases of Telehealth Changes

PHASE I - PHE Flexibilities:

- Evaluation of PHE flexibilities

- Decision to continue or discontinue

- Policy/System updates

- Provider communication

PHASE II - Future Initiatives:

- School-based telehealth

- Medically Complex Children