



Services Delivered via Telehealth Among Medicaid & CHIP Beneficiaries During COVID-19



Preliminary Medicaid & CHIP Data Snapshot

Services through June 30, 2020

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Medicaid & CHIP Content Overview

Medicaid and CHIP Population: As of June 2020, over 91.8 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities, were enrolled across each state's Medicaid or the Children's Health Insurance Program for at least one day in the year. About 42% of beneficiaries were children, which translates to nearly 40 million beneficiaries. Approximately 55% of beneficiaries were female, 45% were male, and 9% were over the age of 65. 13% of the population is dually-eligible for Medicare and Medicaid. 34% of the population is white, 22% of the population is of unknown race, 21% is Hispanic, 17% is black, 4% is Asian, and less than 1 percent is American Indian and Alaska Native, Hawaiian/Pacific Islander, or multiracial.

Medicaid and CHIP Data Processing: Medicaid and CHIP providers, managed care agencies, and Pharmacy Benefit Managers submit administrative claims data to state Medicaid and CHIP agencies for processing. Those agencies subsequently submit the data to CMS on a monthly basis via T-MSIS. These submissions have considerable variation in terms of completeness and quality. CMS processes states' submissions and transforms them into the T-MSIS Analytic Files (TAF), which form the basis of this analysis. Given this process, there may be a significant "claims lag" between when a service occurs and when it is represented in TAF. Therefore, users should interpret the results with caution.

Data Quality Concerns: The results include services through the end of June 2020. They are based on August T-MSIS submissions with services through the end of July. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for July are mostly incomplete, results are only presented through June.

Services Delivered via Telehealth in Medicaid & CHIP

To identify services delivered via telehealth, we used a combination of Current Procedural Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, place of service codes, and procedure code modifiers.

Type of service delivered via telehealth	Description
Evaluation and management services	Routine office visits provided via video
Virtual check-ins	Remote evaluations of recorded video or images submitted by an established patient followed by a brief (5-10 minute) check-in with a physician or other provider via telephone or other telecommunications device to decide whether an office visit or other service is needed
Asynchronous electronic communication	Communication with an established patient through a patient portal or other online method, resulting in a digital evaluation and management service
Remote patient monitoring	Use of digital technologies to collect and transmit health data from individuals to health care providers
Critical care or interprofessional consults	Consultative services provided through digital technologies
Other telehealth visits	Any other services provided via telehealth

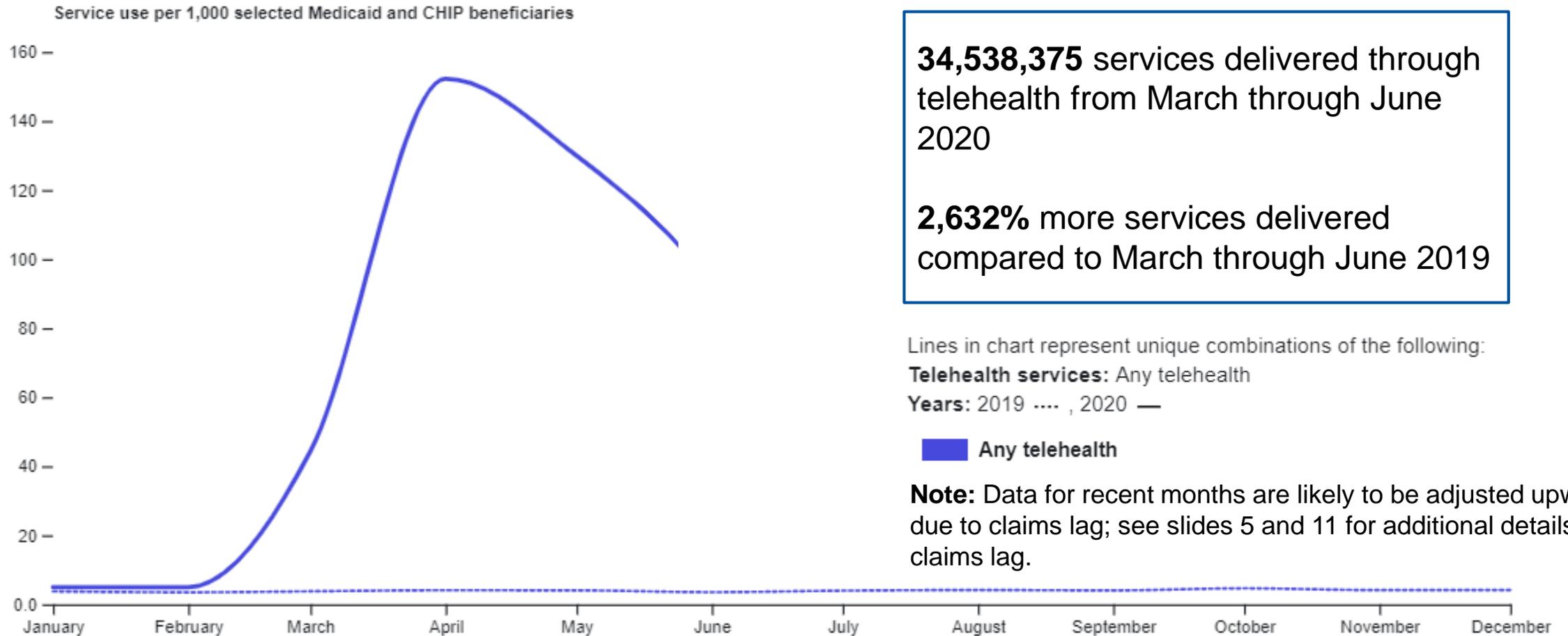
What You Should Know When Using The Data

Claims Lag: Use caution when interpreting the data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay, or “claims lag”, between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered.

Other Services Claims: This telehealth analysis relies on claims from the Other Services file. This file contains outpatient facility claims and professional claims. Claims for services in the Other Services file include but are not limited to: physician services, outpatient hospital services, dental services, other physician services (e.g., chiropractors, podiatrists, psychologists, optometrists, etc.), clinic services, laboratory services, X-ray services, sterilizations, home health services, personal support services, and managed care capitation payments. Historically, 90% of both FFS and encounter Other Services claims are submitted within 6 months. There is significant variation across states in terms of claims submissions. Some states submit 90% of all other services claims within only 3 months, while other states take nearly a year.

Percent of Medicaid & CHIP Other Services claims received by months after service was delivered (based on March 2018 service date)						
Months after Service	1	2	3	4	5	6
National claims submission, Other Services Claims %						
Total	16.2	61.4	79.7	86.9	89.9	92.5
FFS	26.3	70.2	83.0	89.4	92.3	95.1
Managed Care	9.8	55.8	77.6	85.3	88.4	90.8 ⁵

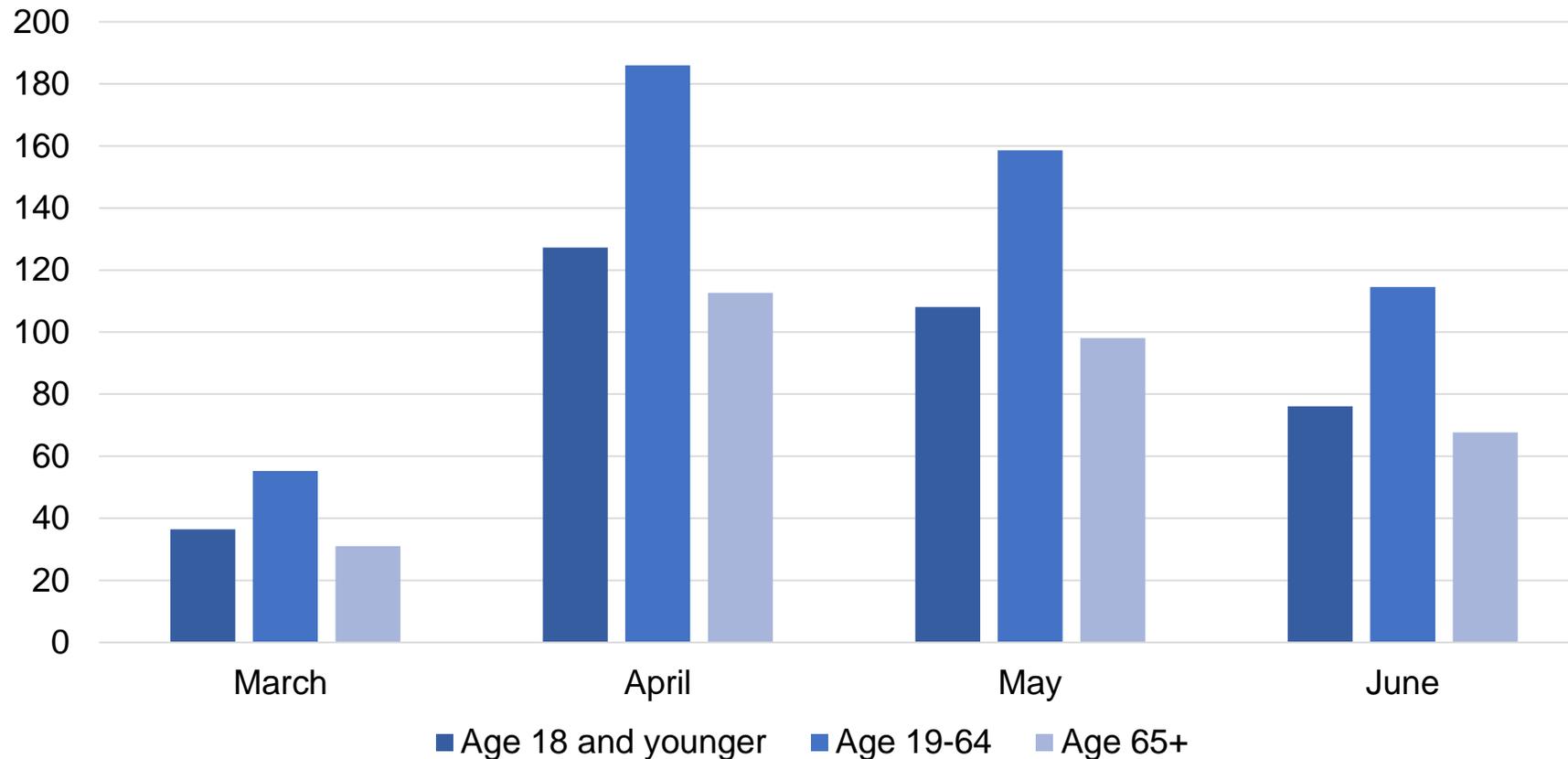
Preliminary data suggest that services delivered via telehealth increased from February through April 2020



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on August T-MSIS submissions with services through the end of July. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for July are mostly incomplete, results are only presented through June.

Preliminary data suggest that services delivered via telehealth were highest among working age adults, followed by children and older adults

Services delivered via telehealth per 1,000 beneficiaries in 2020



Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.

Note: Many beneficiaries age 65 and older are likely to be dually eligible for both Medicare and Medicaid. Therefore, the results may underestimate telehealth utilization in this population.

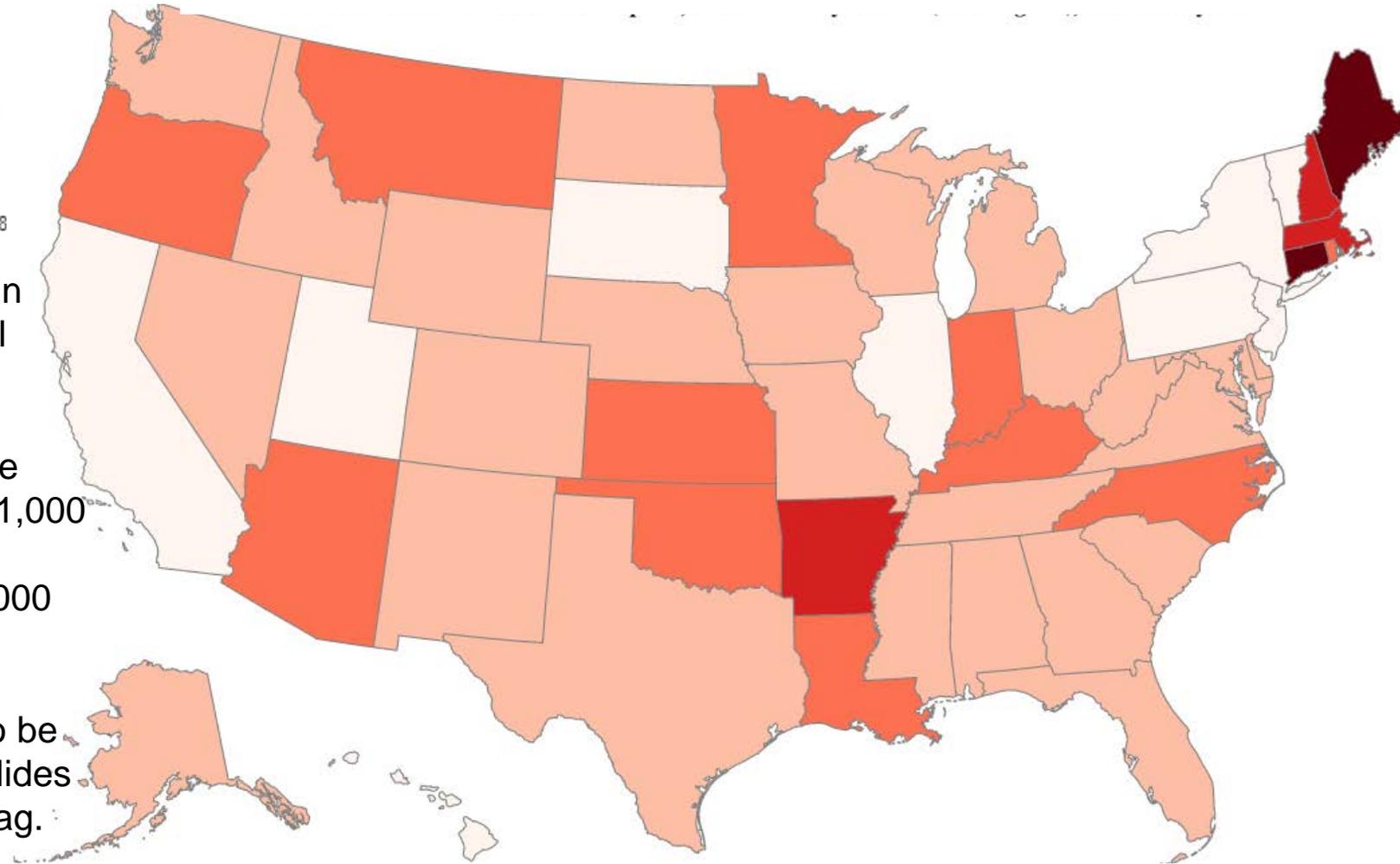
Preliminary data suggest that, among children, services delivered via telehealth per 1,000 beneficiary months from March through June 2020 varied across states



Telehealth rates among children peaked in April for nearly all states and began to fall in May.

Across states in April 2020, Maine had the highest monthly rate at 402 services per 1,000 child beneficiaries, and Vermont had the lowest monthly rate at 23 services per 1,000 child beneficiaries.

Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on August T-MSIS submissions with services through the end of July. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for July are mostly incomplete, results are only presented through June. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states.

Preliminary data suggest that, among adults age 19 to 64, services delivered via telehealth per 1,000 beneficiary months from March through June 2020 varied across states

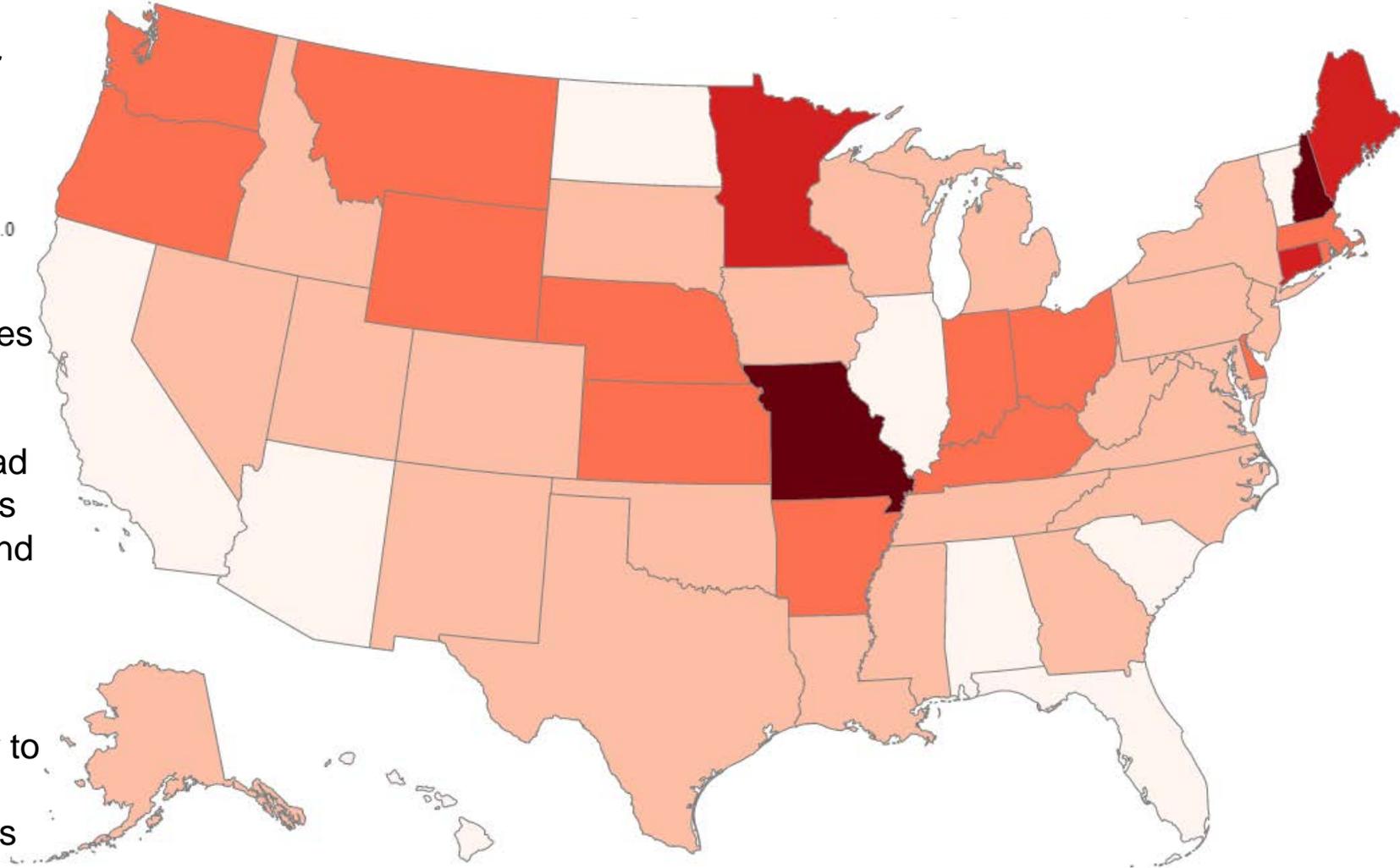
of services delivered via telehealth per 1,000 beneficiary months (age 19 to 64), March – June 2020



Telehealth rates among working age adults peaked in April for nearly all states and began to fall in May.

Across states in April 2020, Missouri had the highest monthly rate at 520 services per 1,000 beneficiaries age 19 to 64, and South Carolina had the lowest monthly rate at 51 services per 1,000 beneficiaries age 19 to 64.

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Preliminary data suggest that services delivered via telehealth (paid by Medicaid) per 1,000 beneficiary months from March through June 2020 was lowest among beneficiaries age 65+ across most states

of services delivered via telehealth per 1,000 beneficiary months (age 65+), March – June 2020

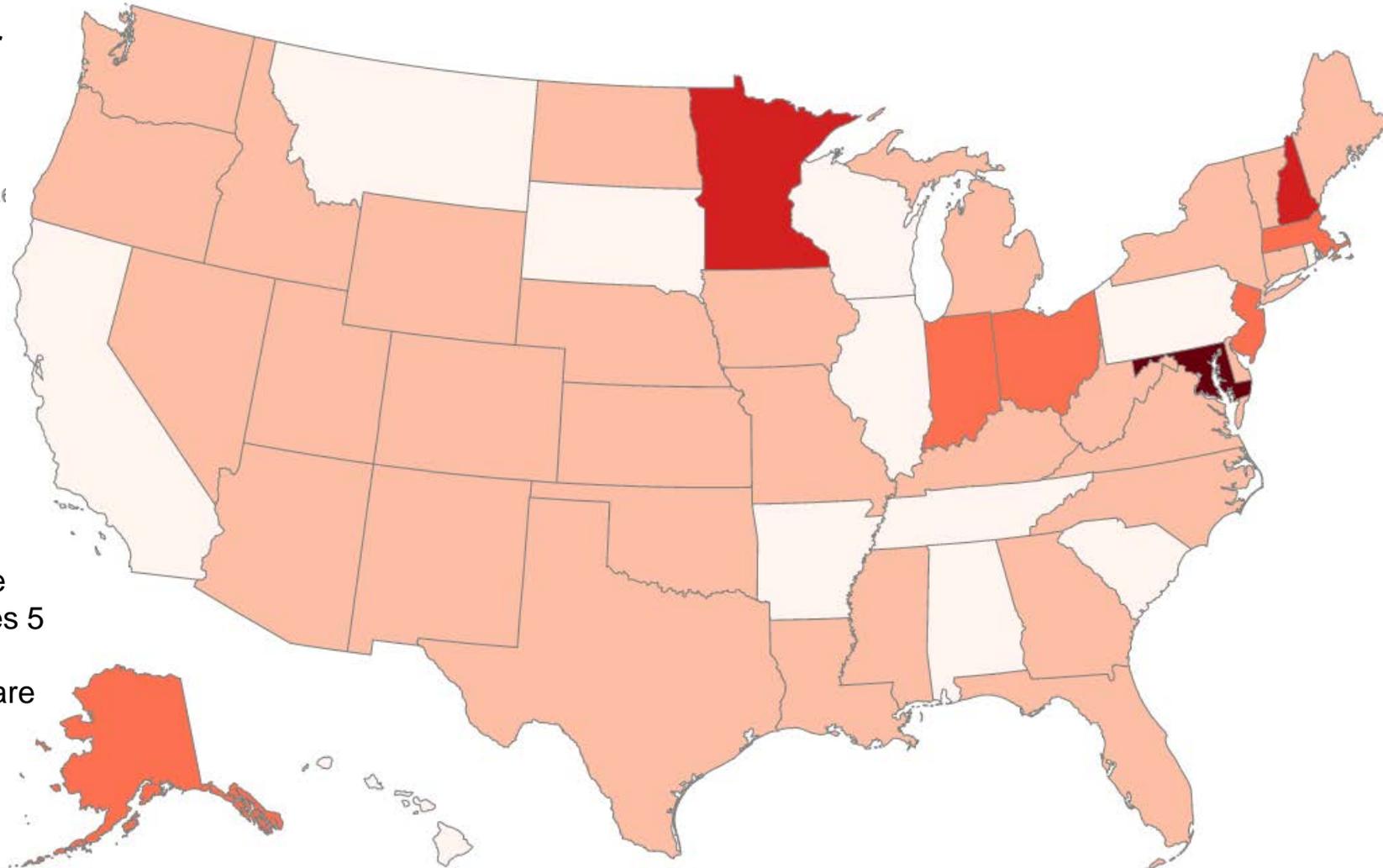


Telehealth rates among adults age 65+ also peaked in April for nearly all states and began to fall in May.

Across states in April 2020, Maryland had the highest monthly rate at 363 services per 1,000 beneficiaries, and South Carolina had the lowest monthly rate at 23 services per 1,000 beneficiaries.

Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.

Note: Many beneficiaries age 65 and older are likely to be dually eligible for both Medicare and Medicaid. Therefore, the results may underestimate telehealth utilization in this population.



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on August T-MSIS submissions with services through the end of July. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for July are mostly incomplete, results are only presented through June. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states.

Appendix A: State Variation in Other Services Claims Lag

Claims Lag: Use caution when interpreting the data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay, or “claims lag”, between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered.

This telehealth analysis relies on claims from the Other Services file. Historically, 90% of both FFS and encounter Other Services claims are submitted within 6 months. There is significant variation across states in terms of claims submissions. Some states submit 90% of all Other Services claims within only 3 months, while other states take nearly a year.

Percent of Medicaid & CHIP Other Services claims received by months after service was delivered (based on March 2018 service date)						
Months after service	1	2	3	4	5	6
Fastest claims submission, Other Services Claims %						
Colorado	58.0	86.9	91.6	95.1	96.1	97.2
Nebraska	49.7	83.4	90.9	93.5	94.8	96.4
South Dakota	40.3	84.6	92.8	95.8	97.0	98.4
Arkansas	39.1	80.8	87.8	90.4	93.2	96.1
Longest claims submission, Other Services Claims %						
Hawaii	5.0	43.8	76.6	85.7	88.3	89.7
Illinois	4.9	33.2	48.7	60.3	63.3	74.2
Missouri	2.9	46.4	79.7	86.0	88.2	90.0
Puerto Rico	1.1	48.2	87.7	95.2	98.5	99.2