



Department  
of Health

# NYS Medicaid Telehealth Policy: Current and Upcoming

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Office of Health Insurance Programs – NYS Department of Health

October 2023

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## NYS' Medicaid Telehealth Webpage

DOH established a telehealth page on the Department's website:

[https://health.ny.gov/health\\_care/medicaid/redesign/telehealth/index.htm](https://health.ny.gov/health_care/medicaid/redesign/telehealth/index.htm)

- High-level statistics and links to available data
- Links to relevant resources, statute, and regulations
- FAQs
- Policy guidance—to be updated as needed



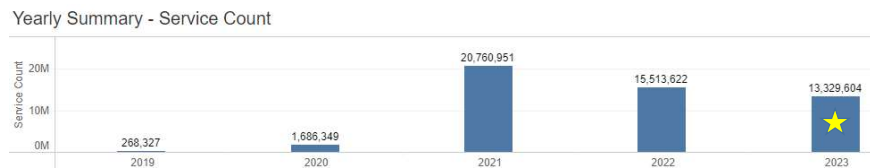
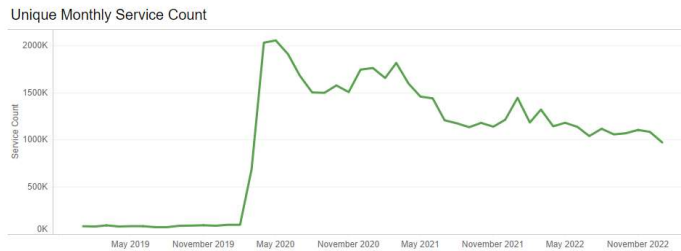
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# Trends



## Telehealth Utilization in NYS Medicaid

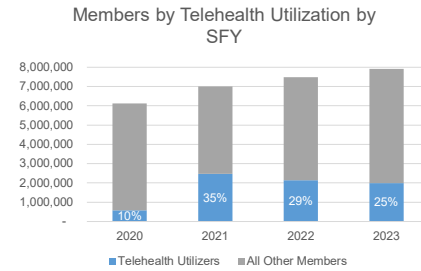
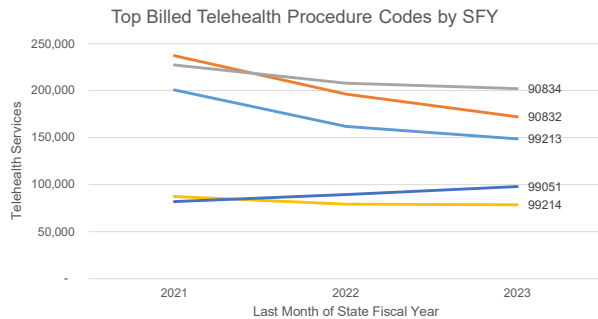


★ SFY 2023 data considered incomplete due to claims lag



# Telehealth Utilization in NYS Medicaid

- According to claims data, approximately 2 million Medicaid members used telehealth in each of the last three state fiscal years
- Over 50% of telehealth claims were Behavioral Health related



90834: Psychotherapy, 45 minutes  
 90832: Psychotherapy, 30 minutes  
 99213: Evaluation and Management, 20-29 minutes  
 99051: Services Provided After Hours  
 99214: Evaluation and Management, 30-39 minutes

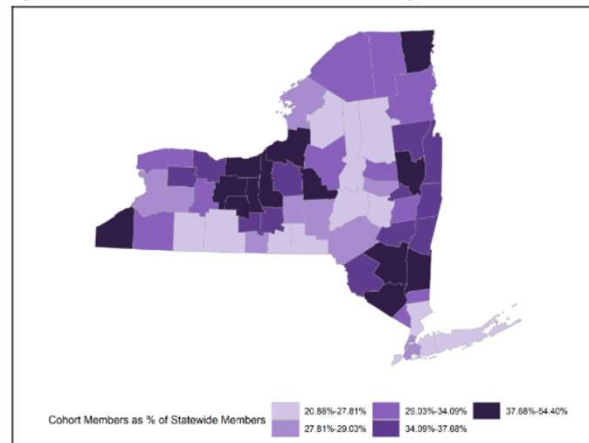
★ SFY 2023 data considered incomplete due to claims lag



# Medicaid Telehealth User Density Statewide (2021)

## Geography

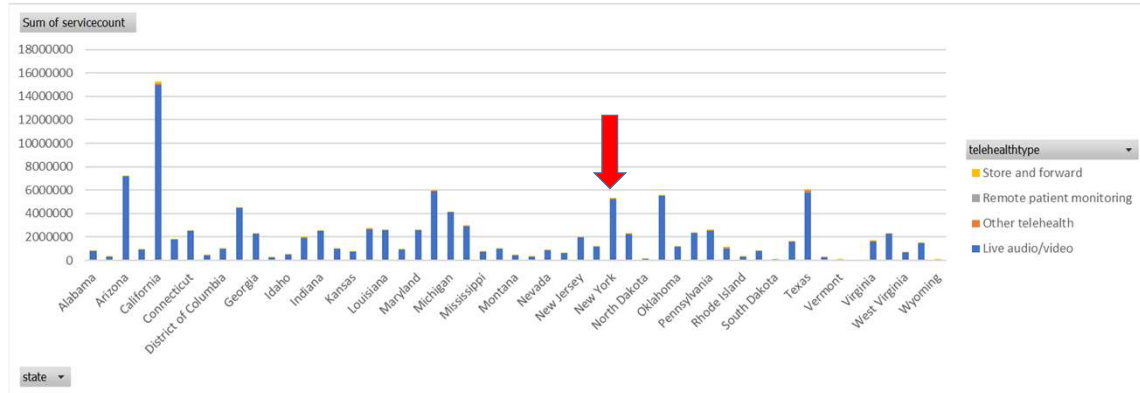
Figure 4.1: Cohort Members as % of All Statewide Members in County



This map shows the percent of all statewide Medicaid members (with eligibility & utilization data) in a county that are a part of the cohort. Shading is done via Quartiles, so each subdivision in the legend has the same number of counties. County information is derived from a member's county of fiscal responsibility, with any members coded to non-geographic counties being dropped from this analysis. New York City county information is derived from the member's residence county.



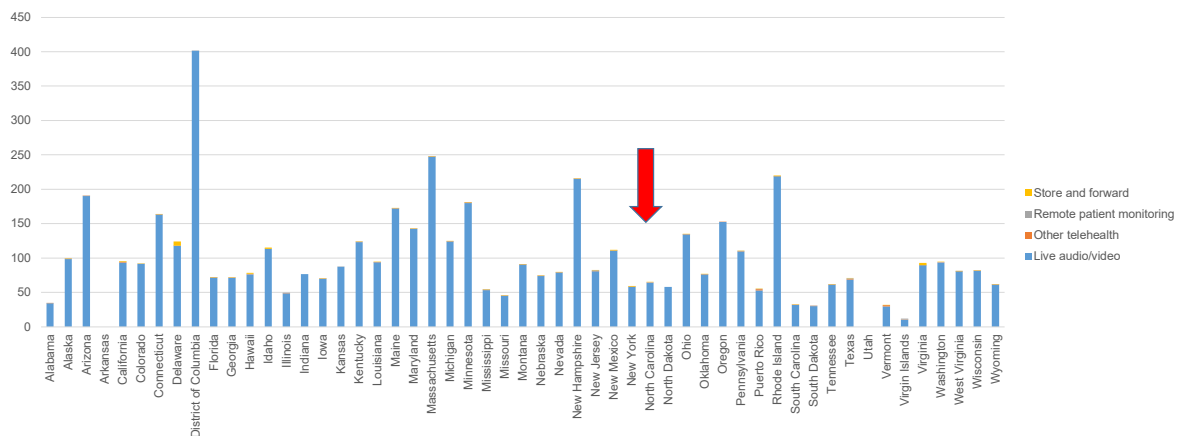
# Medicaid Telehealth Claims by State, CY 2020



Source: Medicaid.gov open data: <https://data.medicaid.gov/dataset/2f4e398e-454a-47c0-8df0-ddca28995e4b>



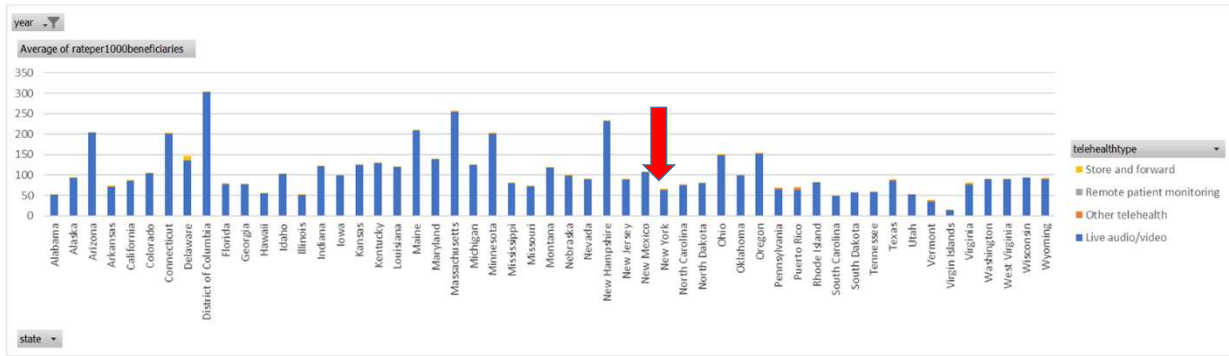
# Medicaid Telehealth Claims by State, CY 2021



Source: Medicaid.gov open data: <https://data.medicaid.gov/dataset/651fa253-4dd4-4867-8725-2b5ae1dd5ce9/data>



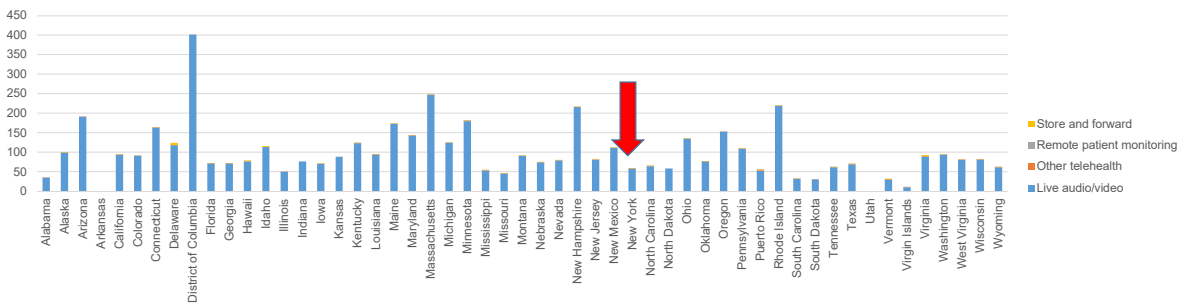
# Medicaid Telehealth Claims per 1000 Beneficiaries, by State, CY 2020



Source: Medicaid.gov open data: <https://data.medicaid.gov/dataset/2f4e398e-454a-47c0-8df0-ddca28995e4b>



# Medicaid Telehealth Claims per 1000 Beneficiaries, by State, CY 2021

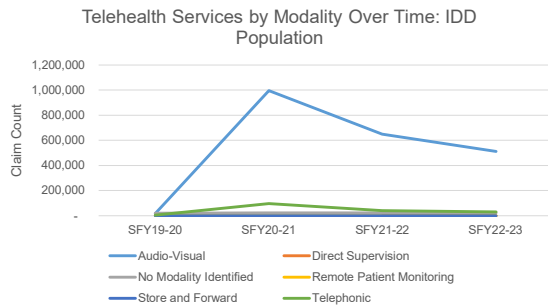


Source: Medicaid.gov open data: <https://data.medicaid.gov/dataset/651fa253-4dd4-4867-8725-2b5ae1dd5ce9/data>



# IDD Population Trends

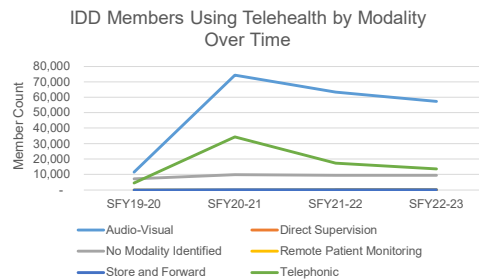
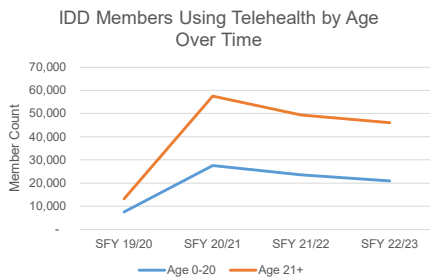
- Similar to the full Medicaid population, Telehealth use peaked in 2020-2021. A/V telehealth is the most commonly used modality



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# IDD Population Trends, continued

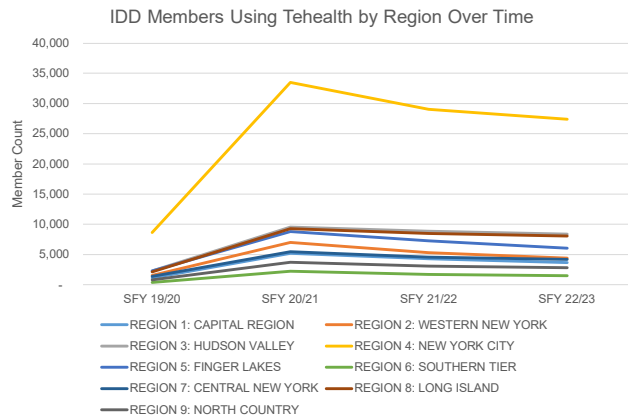
- Most members using telehealth are age 21+
- In SFY 2020-21, approximately 85,000 members with IDD used telehealth (any modality)—about half of all Medicaid members with IDD; the majority used A/V telehealth



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# IDD Population Trends, continued

- Most members using Telehealth are located in NYC, but other regions are maintaining fairly consistent use of telehealth post-pandemic



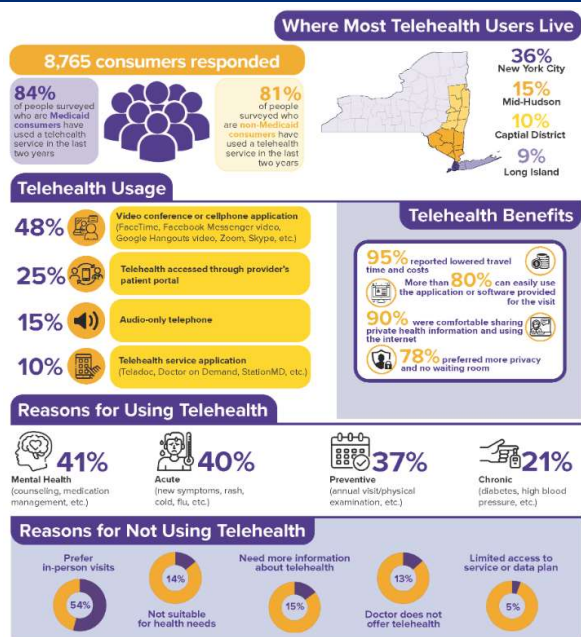
# Telehealth Surveys



# Telehealth Consumer Survey

**Survey Summary:** The survey aimed to gain insights on the patients' experiences using telehealth. The Department will use the results of this survey to inform telehealth policy development. The 5-minute survey was composed of eighteen questions and written in the ten most common languages spoken in New York State: Arabic, Bengali, Chinese, English, Haitian-Creole, Italian, Korean, Polish, Russian, Spanish, and Yiddish

**Data Collection:** The Department administered the survey via the SurveyMonkey platform and disseminated it through partnerships with external stakeholders, New York State agencies, the Medicaid Redesign Team (MRT) listserv, the Medicaid Update, the Department website and social media platforms. The survey was active for 11 weeks between May 19, 2022, through August 9, 2022. A total 8,765 consumers accessed and responded to the survey.





## Highlights

### All Respondents

- Almost 70% of respondents identified as female
- A little more than ¼ of respondents reported as 65 and older
- Almost ¾ of respondents reported as White/Caucasian, more than 10% as Black or African American, 9% Hispanic
- 19% of respondents indicated they have not used Telehealth services in the last two years.
- 67% of respondents, who claimed to have not used telehealth, preferred in person visits
- Top 3 telehealth services: mental health, acute and preventive care
- Top 3 Access points: Video-conference or phone application, patient portal and audio-only telephone
- 74% of respondents claimed a reduction in travel time and cost as a benefit of telehealth services
- Internet connection, access to appointments and applications, and comfort during a visit were highly rated.

### Medicaid

- Almost 60% of respondents identified as female
- A little less than ¼ of respondents chose 31-40 age group
- Over 50% of respondents described their race/ethnicity as White/Caucasian, 20% Black/African American and 17% Hispanic
- 84% of respondents, who indicated coverage by Medicaid, have used a Telehealth service within the last two years
- Most respondents reported to have 7 or more telehealth visits in the last two years
- Members reported multiple telehealth visits, but the majority do still prefer in-person visits
- 67% of respondents claimed a reduction in travel time and cost as a benefit of telehealth services
- Top 3 telehealth services: mental health, preventive and home and community-based services
- Top 3 Access points: Video-conference or phone application, patient portal and audio-only telephone



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## Telehealth Provider Survey

- A telehealth provider survey was conducted in 2021, and a new provider survey is currently in the field.
- Intent is to learn about ongoing perspectives and plans for using telehealth post-PHE, barriers, and how the State can support providers.
- Five-minute survey closes October 2, 2023

<https://www.surveymonkey.com/r/Q5YKSNR>



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# Comparative Analyses



## Comparative Analyses (Statewide, 2021)

### Telehealth Utilizers

- Cohort = 1,349,747 members
- Slightly more female utilizers (58%) than male utilizers (42%)
- Slightly greater portion enrolled in managed care (95%) v. fee-for-service Medicaid (5%) than comparison group
- Spend more per member per month (PMPM) than non-telehealth utilizers (1.5x)
- Also spend more on pharmacy PMPM and lab claims PMPM
- Perform better than non-telehealth utilizers on nearly all quality measures

### Non-Telehealth Utilizers

- Comparison group = 1,204,880 members
- Almost even split by gender (51% female v. 49% male)
- Slightly smaller portion enrolled in managed care (93%) v. fee-for-service Medicaid (7%) than telehealth utilizers group
- Spend less per member per month (PMPM) than telehealth utilizers
- Also spend less on pharmacy PMPM and lab claims PMPM

**Note:** this analysis reflects Medicaid members with a 3M Clinical Risk Group (CRG) of 2 or higher, indicating a "Not Healthy" status per 3M's assignment logic. Similar trends were found in the analysis of CRG 1 "Healthy/Non-User" members. CRG 1 members who are telehealth utilizers generally incur higher costs, but perform better on quality measures than CRG 1 telehealth non-utilizers.

September 2023



# Comparative Analyses (IDD, 2021)

## Telehealth Utilizers

- Cohort = 32,710 members
- More male utilizers (66%) than female utilizers (34%)
- More likely to be Hispanic or Black
- Slightly greater portion enrolled in managed care (38%) v. fee-for-service Medicaid (62%) than comparison group
- 3% in a 3M "healthy" clinical risk group
- Spend more per member per month (PMPM) than non-telehealth utilizers
- Also spend more (approximately 2x) on pharmacy PMPM and lab claims PMPM
- Perform better than non-telehealth utilizers on nearly all quality measures

## Non-Telehealth Utilizers

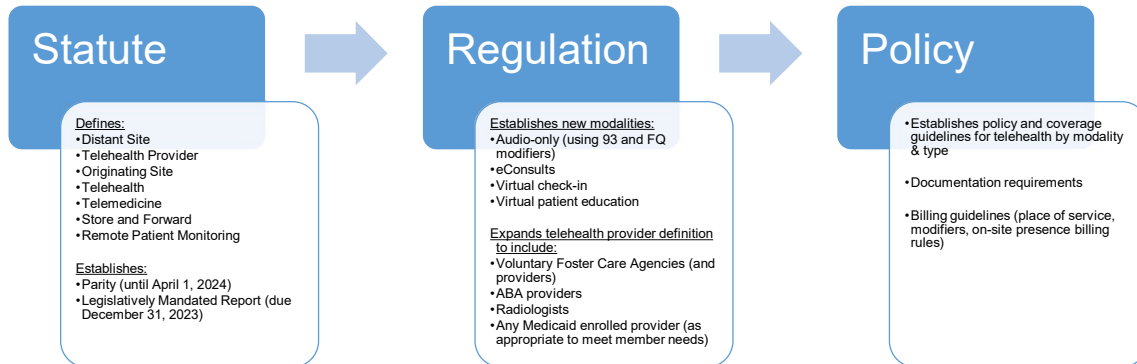
- Comparison group = 30,287 members
- More male utilizers (69%) than female utilizers (31%)
- More likely to be White or have unknown race
- Slightly smaller portion enrolled in managed care (29%) v. fee-for-service Medicaid (71%) than telehealth utilizers group
- 18% in a 3M "healthy" clinical risk group
- Spend less per member per month (PMPM) than telehealth utilizers\*
- Also spend less on pharmacy PMPM and lab claims PMPM

\*Unequal distribution of members by risk grouping in cohort vs. comparison groups may impact spending comparisons



# Telehealth Statute, Regulation, and Policy





PHL Section 2999-cc: <https://www.nysenate.gov/legislation/laws/PBH/2999-CC>

NYS Regulations: <https://regs.health.ny.gov/volume-c-title-18/content/part-538-state-reimbursement-telehealth-services>

DOH Policy (Medicaid Update): [https://www.health.ny.gov/health\\_care/medicaid/program/update/2023/docs/mu\\_no3\\_feb23\\_speced\\_pr.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no3_feb23_speced_pr.pdf)



## Telehealth Policy—Medicaid Update

- Broad coverage of telehealth except where program-specific policy imposes limitations or restrictions
- New Coverage Policies for:
  - Audio-only Telehealth
  - Virtual Check In
    - Including eVisits (coverage starting 10/1/23)
  - Virtual Patient Education (NDPP now offered virtually)
- Clarifications issued to better explain:
  - Offsite billing rules
  - Place of service use
  - eVisits

DOH Policy (Medicaid Update): [https://www.health.ny.gov/health\\_care/medicaid/program/update/2023/docs/mu\\_no3\\_feb23\\_speced\\_pr.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no3_feb23_speced_pr.pdf)



## Potential Future Policy Changes

- eConsults (pending State Plan Amendment approval)
- Offsite Rates for Article 28 D&TCs and OPDs (pending State Plan Amendment approval)
- Prescribing via Telehealth (pending Federal Rule)



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## Questions?

[Telehealth.policy@health.ny.gov](mailto:Telehealth.policy@health.ny.gov)



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**StationMD**  
Telemedicine for Individuals with Intellectual  
& Developmental Disabilities

## NY DOH Grant Update

### Helping to Achieve Superior Care for Vulnerable Individuals

Matthew Kaufman, MD

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## Station MD: A Healthcare Solution to Support People with I/DD

- Founded by emergency room doctors
- Specially focused / trained on vulnerable populations such as those with I/DD and Behavioral Health challenges
- CP of NY Grant  
49 Agencies, 8840 lives covered

Doctor - Please C

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## Causes of Frequent ER/Urgent Care Use for People with I/DD

- High Risk/Multiple Co-Morbidities
- Lack of Access to Medical Care Otherwise
- Regulatory Requirements
- Primary Doctor Lacks Immediate Availability



How can individuals with I/DD access personalized care in a non-disruptive and stable environment?



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## ER Experience for Individuals with I/DD



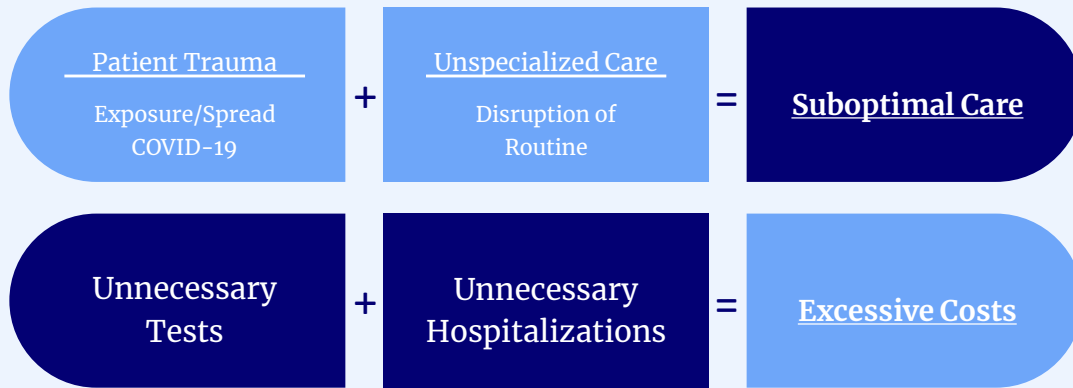
- Frightening for individuals with I/DD
- Trauma of transport
- Exposure to infection—COVID 19
- Disruption of routine
- Missed medication

General disruption, weeks to stabilize and puts many at risk

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## The Problem with the ER: Expensive yet Suboptimal Care



Telemedicine Reports  
 Volume 4.1, 2023  
 DOI: 10.1089/tmr.2023.0024  
 Accepted June 19, 2023



### COMMENTARY

## Utilization and Staff Perspectives on an On-Demand Telemedicine Model for People with Intellectual and Developmental Disabilities Who Reside in Certified Group Residences

CPNYS and StationMD provided the call frequency data for calendar years 2020 and 2021, including monthly data on chief complaint, International Classification of Diseases (ICD)-10 diagnoses codes and descriptions, and the number of calls: per agency; by day of week; by hour of day; by outcome (categorized by physician recommendation to transfer to ED/UC or not), and per capita per agency.

### TELEMEDICINE TRIAGE PROJECT (TTP)

Despite the name of the initiative, TTP is not merely a triaging service; StationMD physicians provide direct telemedicine services when usual providers are unavailable. Further, one member of organizational-level leadership, one member of agency-level leadership, and one residential staff member observed that although TTP was not designed to provide routine care services to residents, staff used StationMD to “fill in the gaps” for some situations that normally would have required an office visit, such as renewing prescriptions, or when a resident was not allowed to enter a clinic because the resident could not tolerate a mandatory face mask.



Berry, et al., Telemedicine Reports 2023, 4:1  
<http://online.liebertpub.com/doi/10.1089/tmr.2023.0024>

Table 1. Number of Certified Group Residences, Residents, and Calls per Agency in 2020 and 2021

Agency	Number of certified group residences	Number of residents in 2020 and 2021	Number of calls 2020	Number of calls per resident 2020	Number of calls 2021	Number of calls per resident 2021
Agency 1	10	74	270	3.65	266	3.59
Agency 2	25	113	19	0.17	26	0.23
Agency 3	14	219	66	0.30	96	0.44
Agency 4	78	602	230	0.38	283	0.47
Agency 5	8	67	172	2.57	214	3.19
Agency 6	43	323	22	0.07	29	0.09
Agency 7	5	31	17	0.55	35	1.13
Agency 8	38	301	0	0.00	140	0.47
Agency 9	7	66	125	1.89	107	1.62
Agency 10	10	71	147	2.07	135	1.90
Agency 11	21	120	60	0.50	263	2.19
Agency 12	8	93	67	0.72	170	1.83
Agency 13	6	49	19	0.39	40	0.82
Agency 14	6	64	86	1.34	110	1.72
Agency 15	25	181	99	0.55	190	1.05
Agency 16	10	59	26	0.44	47	0.80
Agency 17	103	587	1036	1.76	1174	2.00
Agency 18	19	102	114	1.12	389	3.81
Agency 19	78	548	225	0.41	734	1.34
Agency 20	45	338	505	1.49	780	2.31
Agency 21	35	280	674	2.41	941	3.36
Agency 22	10	101	48	0.48	48	0.48
Agency 23	30	208	42	0.20	190	0.91
Agency 24	47	406	1497	3.69	3932	9.68
Agency 25	14	90	21	0.23	31	0.34
Agency 26	16	100	129	1.29	212	2.12
Agency 27	30	207	69	0.33	46	0.22
Agency 28	41	213	24	0.11	67	0.31
Agency 29	9	124	6	0.05	0	0.00
Agency 30	9	36	27	0.75	59	1.64
Agency 31	33	153	99	0.65	178	1.16
Agency 32	10	59	104	1.76	48	0.81
Agency 33	16	107	54	0.50	79	0.74
Agency 34	10	55	22	0.40	41	0.75
Agency 35	9	78	38	0.49	35	0.45
Agency 36	17	181	65	0.36	93	0.51
Agency 37	7	59	20	0.34	6	0.10
Agency 38	12	77	31	0.40	95	1.23
Agency 39	21	128	156	1.22	169	1.32
Agency 40	22	127	137	1.08	218	1.72
Agency 41	51	361	777	2.15	1715	4.75
Agency 42	42	307	216	0.70	398	1.30
Agency 43	14	106	75	0.71	120	1.13
Agency 44	18	131	159	1.21	126	0.96
Agency 45	7	53	6	0.11	0	0.00
Agency 46	3	12	0	0.00	2	0.17
Agency 47	18	127	122	0.96	544	4.28
Agency 48	28	198	30	0.15	378	1.91
Agency 49	15	84	0	0.00	12	0.14
<b>Total</b>	<b>1153</b>	<b>8176</b>	<b>7953</b>	<b>0.97</b>	<b>15,011</b>	<b>1.84</b>

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Table 2. Most Common International Classification of Diseases-10 Diagnoses (Code and Description) in 2020 and 2021

Year	ICD-10 code	Description	Number of diagnoses (%)	
2020	Z760/Z76.0	Encounter for issue of repeat prescription/medication refills	729 (9.2)	
	Z7689/Z00.00/Z0000*	Persons encountering health services in other specific circumstances/encounter for general adult medical examination without abnormal findings	825 (10.4)	
	R21	Rash and other nonspecific skin eruption	362 (4.6)	
	R50.84	Febrile nonhemolytic transfusion reaction	245 (3.1)	
	J06.9	Acute upper respiratory infection, unspecified	200 (2.5)	
	R05	Cough	182 (2.3)	
	L98.9	Disorder of the skin and subcutaneous tissue, unspecified	171 (2.2)	
	L03.90	Cellulitis, unspecified	139 (1.7)	
	2021	Z7689/Z0000*	Persons encountering health services in other specific circumstances/encounter for general adult medical examination without abnormal findings	2120 (14.1)
		Z760	Encounter for issue of repeat prescription	1590 (10.6)
Z20822		Contact with and (suspected) exposure to COVID-19	493 (3.3)	
L98.9		Disorder of the skin and subcutaneous tissue, unspecified	485 (3.2)	
Z20828		Contact with and (suspected) exposure to other viral communicable diseases	420 (2.8)	
R21		Rash and other nonspecific skin eruption	403 (2.7)	

Table 3. Most Common International Classification of Diseases-10 Diagnoses (Code and Description) Among Cases Transferred to the Emergency Department/Urgent Care in 2020 (n=837) and 2021 (n=895)

Year	ICD-10 Code	Description	Number of diagnoses (%)
2020	R10.9/R109	Unspecified abdominal pain	72 (8.6)
	R41.82/R41.82	Altered mental status, unspecified	55 (6.6)
	S09.0XA	Unspecified injury of head, initial encounter	28 (3.3)
	R09.02	Hypoxemia	25 (3.0)
	R07.9	Chest pain, unspecified	22 (2.6)
	A41.9	Sepsis, unspecified organism	20 (2.4)
	R50.84	Febrile nonhemolytic transfusion reaction	20 (2.4)
	R109	Unspecified abdominal pain	48 (5.4)
	S09.0XA	Unspecified injury of head, initial encounter	46 (5.1)
	R09.02	Hypoxemia	40 (4.5)
2021	R11.0	Vomiting, unspecified	37 (4.1)
	R07.9	Chest pain, unspecified	33 (3.7)
	R41.82	Altered mental status, unspecified	32 (3.6)
	M79.609	Pain in unspecified limb	27 (3.0)
	R509	Fever, unspecified	23 (2.6)
	G40.89	Other seizures	20 (2.3)
	I95.89	Other hypotension	20 (2.2)
	R0603	Acute respiratory distress	20 (2.2)

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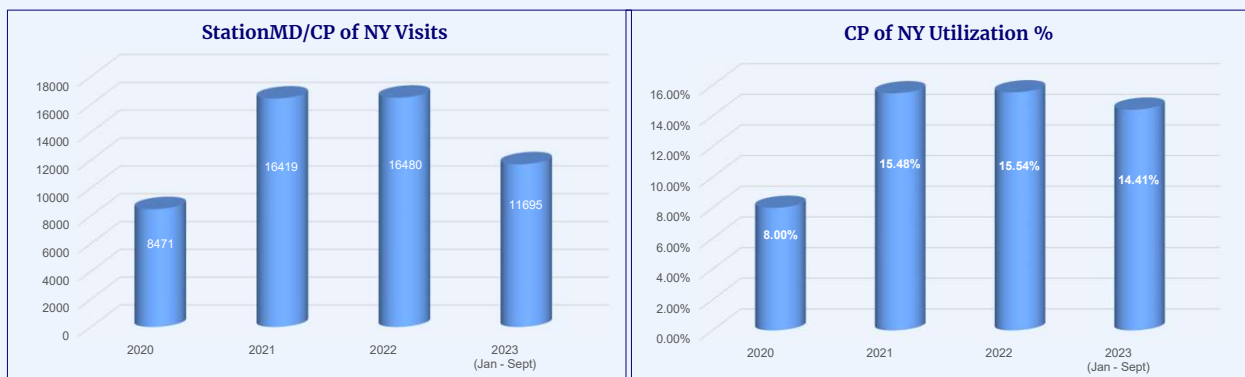
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## Quotes from NYU Paper

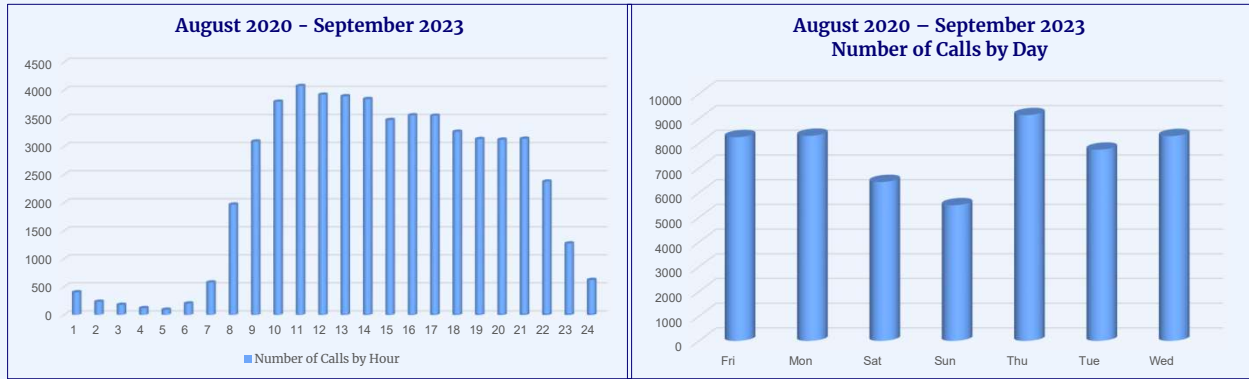
*The ER and their [residents'] behavioral needs, you may have to have two staffs. if you take them two nurses off the shift, while you've got to replace those other shifts or in the middle of the night, you're looking to bring somebody to your staffing levels that they have. So, I really do see the savings to the agency.*  
 (Vice President)

*It's just so nice for the nurse. If she's unsure, when she gets a call, she's not quite sure how to handle it. It definitely doesn't rise to an emergency room visit, but she wants to feel good about maybe getting a second opinion, having a healthcare provider give her that confidence that she made the right decision.*  
 (Nursing Director)

## DOH Grant Utilization Metrics



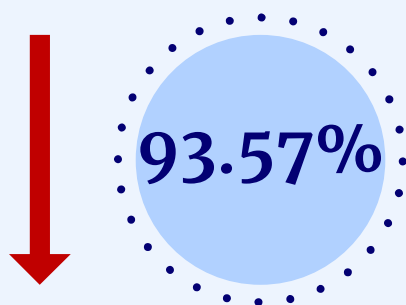
## DOH Grant Utilization Metrics



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## DOH Grant Outcomes



Data from agencies shows an average 93.57% treat in place rate reducing ER and Urgent Care transfers

### August 2020 - September 2023

#### StationMD Visits by Outcome

Time Period	% Treated in Place
2020	90.15%
2021	94.27%
2022	94.74%
2023	95.12%

**93.57% of Individuals with IDD in the Grant Are Treated in Place**

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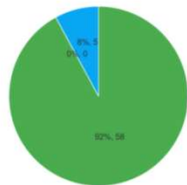
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# Experience in Other States

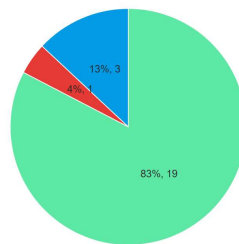
## Ohio State Evaluation



4. Did StationMD doctors demonstrate an understanding of the unique needs and experiences of people with developmental disabilities?  
63 Responses



5. Does StationMD make your daily life as a family member/caregiver less stressful?  
23 Responses



1. Do you feel the consultation with StationMD services improved overall health outcomes of the person using these services?  
68 Responses



## Ohio State Evaluation- quotes from focus groups



*"It helps keep emergency room visits to a minimum."*

*"The service provided saves us precious time. It provides everyone with peace of mind and the ability to keep everyone home safe."*

*"StationMD has made getting out individuals seen much more efficiently."*

*"Wonderful program."*

*"It's very convenient and efficient."*

*"It has made the client's lives a lot easier and help get them the care they need."*

*"It is very valuable tool that (a) relaxes the individual by allowing it to occur in their environment, (b) reduces the over all time for the care to be completed... (c) allows the individual to get treatments quicker by having scripts ordered at time of appointment, if they need next steps, calling ahead to the ER... so when the individual arrives, the ER is prepared to treat the individual quickly."*

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**StationMD**  
Telemedicine for Individuals with Intellectual & Developmental Disabilities

## NY DOH Grant Update

Thank you

Matthew Kaufman, MD

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