Telehealth Advisory Committee Quarterly Meeting - 2025/03/18 15:51 MST - Transcript & VideoTelehealth Advisory Committee Quarterly Meeting - 2025/03/18 15:51 MST - Recording

Attendees

Aldo Revilla, PhD. WMATRBHA, Amber Porter, Amy Enriquez, Anna Morenz, Bryan Davey, Darren Deering, Joel Barthelemy, Kimberly Egan, Leanette Henagan, Manny Romo, Maria Ayala, Maria Ayala's Presentation, Maureen Sharp, Shannon Scott, Sue Dahl Popolizio, Theresa Costales, Victor Li, William Thompson

Transcript

Anna Morenz: Great. …

Maureen Sharp: And we all do that every day.

Maureen Sharp: Talk on mute.

Anna Morenz: so silly.

Anna Morenz: Maria, do you think you'd be able to Yeah.

Maria Ayala: A lunch.

Maria Ayala: Do you have your slides? Yeah. Let me find them.

Anna Morenz: Thank you. Awesome. Hi, everyone.

Anna Morenz: We'll just give people a few minutes to trickle in.

Maria Ayala: Dr. Morance, I just shared the slide deck with you in the chat if you need to have access to it.

Anna Morenz: Thank you so much. I think 12 of us are here. So, I think we can go ahead and get started and we'll let people trickle in. so welcome to the first telealth advisory committee meeting of 2025. and this is also my first opportunity to meet all of you. thanks so much. And my understanding is it's been a while since this committee met. I think the August 2024 meeting ended up being cancelled. so I was hoping we could just start with a round of introductions. what your position is and what got you interested in the telealth advisory committee. I can start off by introducing myself. So my name is Anna Moren. I'm a part-time medical director at Access.

Anna Morenz: and the rest of my time I'm a primary care physician and researcher at the University of Arizona in Tucson. And a lot of my research has actually been on tele medicine and have been interested in how best to use it as a way to increase access to care yet also ensure that we're providing quality of care. and so I want to give an opportunity. I'll just kind of run down the list of people I have over here. So maybe Amy Enriquez, do you want to go next?

Amy Enriquez: Hi everybody. I'm Amy Enriquez. I'm the director of speech and occupational therapy for Arizona Autism It is a nonprofit company working with people who are autistic. I was drawn to this committee. obviously in 2020, our whole company went Tella Health and not only did it help us get through that time, but we actually saw a lot of a new area that we were able to support our clients and so that's what brought me here.

Anna Morenz: Welcome, and then we'll go to Darren Daring.

Darren Deering: Hi. Yeah, I'm ring. I am an internist and pediatrician by training and I currently work for Cross Blue Shield of Arizona. So, I represent the payer side. And the reason I got involved is because Amy back in 2020, I think most of us all went virtual and we realized that this was a way to help expand coverage for our members. and at work, I also do a lot of our coding and configuration work from a clinical perspective. So, this kind of falls into my bandwidth. So, that's why I'm here. Thanks for having me.

Anna Morenz: Great. Welcome Darren. Joel Arthalamy.

00:05:00

Joel Barthelemy: Thank you very much doctor. yeah Joel Bartholomew CEO of Global Med 23 year old company started in Scottsdale back in early 2002. We are from the technology side. So we create a lot of different technologies for virtual care from high acuity virtual care all the way through wellness and a lot of austere medicine locations but then the defense health agency of the DoD and then many different companies and hospital systems around the world. I think we're in 60 countries with the technology and so this is always very interesting. I love to listen more than talk. So, I welcome any feedback that you would like from the technology side. Thank you.

Anna Morenz: Very interesting. Yeah, this is certainly an area with lots of innovation and new technologies and ways of delivering Kimberly Egan

Kimberly Egan: Hi everybody. I apologize I'm not on camera too. I'm feeling a little under the weather. so I am the chief quality officer over at Touchstone Health Services, which is a nonprofit mental health agency serving primarily from birth to 18. and I've been at Touchstone for over 20 years. I'm a licensed LPC therapist for the state of Arizona by my original career. And I got very interested in this committee everybody else was such a new thing and how mental health services can get delivered via teleaalth for access to care. So we have a continuity care and best practices and quality.

Anna Morenz: Great. Welcome, Lynette. Henagan. Henkin.

Leanette Henagan: Good afternoon. I'm Dr. Lynette Hennegan and I was actually internally appointed to this committee by Governor Dussy a few years ago when I started here at the state of Arizona. I am the behavioral health program administrator for the state of Arizona overseeing Jake's Law in Mia and the regulations around all the laws that pertain to that. so I'm on the regulator side, but I'm also have private practice. I'm a licensed clinical social worker. So I also work from the provider side. So tellaalth is kind of interesting to see how it is married to both of those things regulation as a provider. So I have a unique perspective from that angle as I offer input with the state.

Anna Morenz: Great to have you here,…

Leanette Henagan: Thank you.

Anna Morenz: Manny Romo. No worries.

Manny Romo: Hold on. Yeah, I just got out of work here. So, a nurse practitioner here in Tucson. I've been I think on this committee for about over a year now since it first started and it's very exciting again from a provider standpoint. especially during the covid season the need for child health and just been kind of exciting to see the changes and the progress that we've made so far and it's kind of continued ongoing so I'm very excited to be here and kind of pretty much representing the Arizona state of board of nursing

Anna Morenz: Wonderful. Maria, do you want to introduce yourself?

Maria Ayala: Yes, thank you Dr. Morance. My name is Maria la. I am the business operations manager. I work for the community engagement and regulatory affairs division within access, but I also provide support to Dr. Anna and I'm happy to be here.

Maria Ayala: Thank you so much.

Anna Morenz: Thank you.

Anna Morenz: Yeah, we appreciate your support. Moren, do you want to introduce yourself?

Maureen Sharp: And now I'm talking on mute. Moren Sharp. I've been at Access for about three years and I'll be presenting some data on utilization of teleaalth a little bit later this meeting.

Anna Morenz: Perfect. We can't wait. Shannon Scott, I don't know if you're available. I think you came off mute, Shannon, but I don't think I'm hearing maybe I'll come back at the end and see if we can hear Sue Dollio

00:10:00

Sue Dahl Popolizio: Hi. Hi. Hello Some of you have seen in the past because we've had many of these meetings over the years. I'm an occupational therapist and I'm the chair of the legislative committee for the Arizona Occupational Therapy Association. And what brought me to this committee was we were already starting to venture into the use of teleaalth before COVID and then COVID threw all of the professions full stop into tellaalth and we really ran into some logistical issues with our licensing boards and really around best practices and legislation.

Sue Dahl Popolizio: So similar to Lynette, I came at it from the legislative and the practice perspective. that's been my interest. I actually did a research study during COVID to provide evidence and support for legislation because we ultimately needed to some legislative changes which brings us to this committee here. We have a lot of especially rural people therapists who are using teleaalth to increase access to care and so especially around audio only we're trying to establish best practices to navigate the use of teleahalth and be as effective and as accessible to our patients as possible. So good to see everybody again.

Anna Morenz: Yeah, that is such an important area too that we'll be talking about the audio only space and kind of coming out of the pandemic how we ensure that quality of care. and then I'm really excited our new chief medical officer Dr. Costales could join us today. Do you want to say hi Dr. C?

Theresa Costales: Hi. thank you for introducing me, Anna. so yeah, I'm the new chief medical officer at Access. I came on board here in January, so still doing some onboarding activities, but getting into the swing of things. I'm here to support Dr. Moren's and also I just have an interest in advising on teleaalth.

Theresa Costales: I think like others have said during the post pandemic, I think we all saw and learned a lot and it became very clear that there was the need for guidance on implementing best practices for teleaalth to expand access to care and need for some policy around use of teleahalth and appropriate Great use of teleahalth to ensure that our members are getting good care.

Anna Morenz: Absolutely. Thanks. Victor Lee, do you want to introduce yourself?

Victor Li: Hi everybody. My name is Victor Lee. I work at Access as a data analyst. I team up with Marine and I'm here today Dr. Anna. I am in charge of the data supporting for part of this report. Nice to meet you guys.

Anna Morenz: Thanks for being here. We appreciate your work on the data. And then I think we had Aldo Reia join us. We're just doing introductions and what brought you to the teleahalth advisory committee.

Aldo Revilla, PhD. WMATRBHA: Good afternoon everybody. yes. so I am here as BA basically my former clinical director asked me to be part of the group the tele health advisory committee back when all this COVID happened and all that we got all this interest in tellahalth and so I've been mostly the individual that has been focused to a degree on teleaalth from the White Mountain and Apache TVA and Apache Behavioral Health Services and so in part that's why I'm here. Thank you.

Anna Morenz: Thanks for being here. And then I'll circle back one last time to Shannon Scott to see…

Anna Morenz: if we can hear you.

Shannon Scott: Can you hear me now?

Shannon Scott: Awesome.

Anna Morenz: Yeah. Awesome.

Shannon Scott: Thank you so much. My apologies. And good evening everyone. I'm Shannon Scott, an osteopathic family physician. I currently serve as the medical director at the Midwestern University multipety clinic on the campus. We have multipety practice with a large group of primary care physicians. early on and as you as many have mentioned, we flipped our model to offer teleaalth services during the pandemic. I serve as a past president of the Arizona Osteopathic Medical Association. And so during the nominations for this committee, my name was put forward by my other hat that I wear is I do have a background in healthc care policy through my position as a member of the board of trustees for the American osteopathic association and I have served as their chair of government relations and largely we do updates on teleaalth and serving our members and our patients at large. So thank you

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Anna Morenz: We have so much expertise in this committee. It's just Really exciting all the different angles that everyone brings. Brian, I saw you joined.

Anna Morenz: We're just doing introductions and what brought you to this committee. Brings it to you.

Bryan Davey: Does that bring it to me?

Bryan Davey: All My Sorry, I'm running late. I'm actually traveling today and just landed in Washington State. So, my name is Brian Davyy.

Anna Morenz: No worries.

Bryan Davey: Doctor level board certified behavior analyst. I am also licensed to practice in Arizona, Texas, and Michigan. I've been a BCBA for over 20 years. I've sat on several different committees for access over the years and was recruited into this one I believe by Dr. Solic and the governor's office and happy to be here and assist to move us forward on the teleaalth front.

Anna Morenz: Thank you again everyone for being here at the end of the day. so let's go ahead Maria to the next slide. yeah so we are just recording this meeting in order to take detailed meeting notes. we can go to the next slide. so we already did our welcome and introductions. plan for today is to review some of the trends in teleaalth utilization in access. I'm not aware of a good data source that really gives us line of sight into telealth trends statewide. and so that's why we'll focus on the access data that we have.

Anna Morenz: we'll also talk about interstate teleaalth applications because that's another thing that we track per the teleaalth bill that created this committee. we'll talk some about new telealth codes and any updates to best practice guidelines. have a conversation about audio only coverage. which is the big thing that we are responsible for is making re recommendations about which code should be covered by our commercial insurers in the state and then talk about any future directions. next slide. So just to remind everyone of the purpose of the health advisory committee or the TAC.

Anna Morenz: So it was created by House Bill 2454 post pandemic or I should say one year into the pandemic in 2021 to identify best practices in the provision of teleahalth services and also to monitor the number and type of outofstate healthcare providers who were applying for interstate teleaalth registration and the number and type whose registration was approved. And then as of January 1st, 2022, the TAC was responsible for identifying which audio only teleaalth services must be covered by commercial insurers in the state. And currently we are maintaining alignment with accesses teleaalth code set. and then per the legislature is to be terminated on July 1st, 2029.

Anna Morenz: And we're to have a minimum of one annual meeting with at least 50% next slide. All right. We already did our introductions. Perfect. So we can go ahead. All right. So I am going to pass it off to Moren one of our fantastic data analysts to walk us through some of these teleaalth utilization trends.

Anna Morenz: And please feel free to interrupt with any questions or clarifications about the data that we're reviewing.

Maureen Sharp: All right.

Maureen Sharp: Thank please go to the next slide. All right. So here we start we're looking at the number of services by quarter and we're starting with the beginning of federal fiscal year 2022. And what that means I always ask staff to convert it. It means we're starting in October of 2021 and this goes through the end of 2024 which means we're looking through September of 2024.

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Maureen Sharp: And as you can see, we are looking at the number of services. And I think in our footnote, we see that that's a count of CRNs, which are claim reference numbers. You don't really have to know that, but somebody always asks what CRN stand for, but really what you can think of this is how many services were provided. So, as we look at this, you can see the trend over time. It looks like we went up a little bit early earlier in our time period and now we tend to be trending down a little bit. I also want to point out that we ended this time period, like I said, it was the end of September of 2024. So that's about a six-month lag.

Maureen Sharp: we might not be 100% complete, but that this time period is pretty complete at this point. So, we just wanted to start here to give you kind of an overall look at what's going on and we'll dig a little deeper as we go through this slide deck. With that, I'll go to the next slide, Here we are showing you what type of service and we're focused on 2024. So it's telling you the count of services. By far our most common procedure that's performed by teleaalth is case management. That's the top one. Followed by behavioral health counseling.

Maureen Sharp: Then we get to a couple different physician visits and I'll let you take a look at what are the common codes for the most current complete year that are delivered by teleaalth. But the point of this is just for you to get a perspective on whats through teleaalth here at from that Here's a different way to look at the same data. In this instance, we're looking at access category of service and that's an internal way that access organizes our data. But I think most of them are pretty intuitive.

Maureen Sharp: as you can see, what's by far the most common is mental health services. That's the dark green. And, not surprising, that's where case management goes. Also, behavioral health counseling. So, our top two procedure codes are part of the more common types of service that are delivered here at access through teleaalth. the next most common is the orange and that's medic The types of codes that we have in medicine are the clinic visits. And then the next one that we're showing and now it's getting much smaller but that purple color is speech and hearing. So that's the next most common.

Maureen Sharp: any questions on this? Otherwise we can just kind of keep going through but again the idea is how is teleaalth what's delivered by tellaalth here at access. All right. So now we're going to look at this a little bit differently. So in this case So as you guys probably know there's different modalities by which tellaalth can be delivered. there is asynchronous which otherwise known as store and forward.

Maureen Sharp: There's telephonic which would be audio only and then te telea medicine that includes both audio and visual. In this particular view we are looking at teleonic only and the most common is case management followed by behavioral health counseling. And that's pretty similar to our overall. When we look here, now we're in telea medicine. So that would be audio and visual. We're looking at the top 10 codes. And the most common is behavioral health counseling followed by an established p patient visit then followed by case management.

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Maureen Sharp: All here we can see the different trends related to tele medicine over time. maybe what jumped out to me, maybe not a surprise for you guys, but the asynchronous is very uncommon in our system. we can barely see any of both telea medicine and telephonic they seem to me to be trending kind of in the same direction. right now tele medicine is greater than telephonic. All right. Okay.

Maureen Sharp: Here we're looking at codes that are delivered by teleaalth versus those that are delivered in person. And I need to point out that we only look at the codes that access heads determined are appropriate to be delivered by tellahalth. So it's not all the codes, it's this kind of subset and there's a list on the access website as to what codes we consider appropriate. But anyway, for the codes that are determined to be appropriate to be delivered by teleaalth, we have about 12% of those services 88% are delivered in person.

Maureen Sharp: And it looks like that has been a pretty consistent trend over this whole time period that we're looking at. Okay, we can go to the next one. this is similar. Now, we're breaking out for you the two different types of teleaalth. You can see the telea medicine versus the telephonic and how much of each.

Maureen Sharp: So, it's really taking that 12% and breaking it out so we could see the components. We can go to the next slide. Here we're looking at county and this would be the county where the member lives. And as you look at this, we can see the county with the highest percent of teaalth is coochis. That's at The lowest percent of teleaalth is Apache County at 8%. Keep going. here we show the same thing by county. It's very similar to the previous slide.

Maureen Sharp: We're just seeing the components between the telephonic versus the teleaalth. We keep Here we are diving in a little bit to understand the diagnosis of the person that received the teleaalth. So in this part particular slide we're looking at telephonic and the diagnosis of the individual. So the number one is opioid dependence followed by schizoeffective disorder and bipolar. We can keep going here. We're looking at the tele medicine codes. So what's the common diagnosis here? We start with generalized anxiety disorder.

Maureen Sharp: The next one is autism followed by major depression and I think yep that's the end of my slides but hopefully this gives a good kind of perspective how's tele medicine delivered in state what's delivered and hopefully this is a helpful perspective for this team but my team is At least Victor's on. So, if there's questions or comments or somebody says, "Yeah, this is nice, but we'd really like to see blah blah blah." please feel free to let us know. Yeah.

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Joel Barthelemy: a comment. I think it would be really interesting to compare these findings with other states…

Joel Barthelemy: if possible VA andor the DHA Defense Health Agency.

Maureen Sharp: Thank you.

Joel Barthelemy: And so Moren, if there's a way we could connect and then I can see what data I can pull.

Maureen Sharp: And it's probably going to be my old boss that we're going to connect with because I'm in a slightly different role.

Joel Barthelemy: Thank you.

Maureen Sharp: So, I'll have you work with Victor and we'll get the right person that we can work with. But to find out some more information would be great. Thank you for that offer.

Bryan Davey: This is Brian Davyy. Another comment. I'd be very interested to know the type of service the individuals with autism spectrum disorder are receiving given that the bulk of autism services are typically face-toface and…

Maureen Sharp: Do you have concerns about that or Thank

Bryan Davey: early and intensive. So, I'd be very interested to see how it crept up to number two. a little bit just kind of would like to see the breakdown of how that occurred. given that 97153 which is the most prominent code out there is direct face working with a kid on the ground working through any number of skills they may be working on. But tellahalth does not lend itself easily to that. Whereas parent guidance maybe some of the assessment codes that would make sense but to see it as number two is a little bit concerning.

Maureen Sharp: Thank you. I think we can look at that.

Maureen Sharp: Dr. Moren, if you want to a follow up

Anna Morenz: Yeah, I know we allow 97153 to be done by audiovisisual. when we've looked at our overall ABA services what percentage are done via tele medicine it's very small…

Amy Enriquez: And…

Anna Morenz:

Anna Morenz: but I go ahead Yeah. What?

Amy Enriquez: would this only be ABA services or are we talking about speech therapy as well? Yeah.

Theresa Costales: My guess was that we're going to see speech therapy in there quite a bit. But yeah, I think it would be interesting to look at the breakdown of the codes that were build. And I think when we look at ABA specifically, it was more n what is it? 97135. Is that a code?

Theresa Costales: Is that the one for the Brian?

Bryan Davey: No. 9 97 971 97153…

Theresa Costales: No. Tell me. 53 and…

Bryan Davey: which is…

Theresa Costales: then 55 was with the BCBA.

Bryan Davey: which is correct. Yeah. With the BCBA protocol modification,…

Theresa Costales: Okay. Thank you.

Bryan Davey: you're correct.

Theresa Costales: Yeah. Yeah.

Maureen Sharp: And it could be case management.

Maureen Sharp: It could be so what's the primary diagnosis for the service. So remember case there's a lot of case management that's done this way. So that might be it too. So just

Theresa Costales: Good point.

Bryan Davey: That's a good point. I'd still like to see the breakdown just because we are seeing different reports states across the US coming out from OIG with regard to use based services.

Maureen Sharp: Subscribe.

Bryan Davey: Be good just to take a look at this now and see if we have any issues.

Anna Morenz: Yeah, I think that's a great point and I'm curious if these sort of trends look similar to what other folks are seeing in their organizations in terms of big picture a small but steady amount of tele medicine utilization continuing post pandemic. I think when we look at it's roughly 13 to 15% of our overall services that are allowable for tele medicine but of all services it's about 5% of them are teleaalth versus inperson yeah and other

00:35:00

Anna Morenz: other folks may not necessarily have this data as well. okay we can move along to our interstate telealth application rend next slide please. So this is where we ask all of the certifying boards in Arizona to provide us with how many outofstate teleaalth applications they've received on a monthly basis and then how many were approved. and so you can see in general pretty low numbers of outofstate teleaalth applications and fairly stable over time as well.

Anna Morenz: The highest are the APRNs. and then followed by for the psychologists and BCBAs for the board of psychologist examiners. we've had trouble. We have not gotten regular data from the Arizona Medical Board but continue to outreach to them. so bit nothing that's been particularly concerning in terms of reviewing this. So we can go to the next slide. so in terms of best practice guidelines, this is basically so we keep best practices updated on our website.

Anna Morenz: I did sort of a review at the end of the year and added some additional resources from the HHS website. I actually haven't checked if some of those links are still active cuz but periodically we'll kind of make sure all of our links are active. but this is basically an open call if anyone has additional best practice guidelines.

Anna Morenz: that they have found or are using to please go ahead and send them my way and we can get them updated on the website. We currently have them divided through specialty areas on the website like dermatology, neurology, behavioral health, etc. so feel free to send those my way. We can go to the next slide. And that's just an example of how we have it organized right now. we can move along. So, as I'm sure all of you are aware, the CPT editorial panel developed new tele medicine codes 98,000 through 98016 and this was developed specific to audiovisisual and audio only teleaalth evaluation and management of new and established patients.

Anna Morenz: and these codes are really nice because they avoid the reliance reme on providers remembering to put the GT and FQ modifiers in. There's, kind of literature about how limited our data is in using these modifiers because they are imperfect. and so these will be much more specific in terms of helping us identify tellaalth. and so this is probably a moving target in terms of payers adopting these codes. Access did adopt these new codes into our 2025 teleaalth code set. My understanding is Medicare has not yet adopted them. so let's go to the next slide.

Anna Morenz: So I'd love to spend the rest of our time with some discussion around audio only teleaalth codes and Darren go ahead.

Darren Deering: I was trying to get off mute before we moved off the last slide. If you could back up one slide.

Anna Morenz: Yeah. Yes.

Darren Deering: I missed what you said. Did you say access did adopt these? And then if I understand the way that the advisory committee has been working historically is that access adopt something…

Darren Deering: then the committee kind of uses that as our framework for what should be recommended right for coverage. Okay.

Anna Morenz: for audio only.

Anna Morenz: The audio only codes. Yes. And this doesn't really bring a new code to bear.

Anna Morenz: it essentially moved previously the ENM codes for audio only I think it's through 99443 and so basically those codes just were sunset and…

Anna Morenz: were replaced by the audio only ENM codes that are within this code set. Yeah. So it's not like a new ENM or new service per se, just a different code that was applied to it. Yeah.

00:40:00

Darren Deering: Okay.

Darren Deering: Got it. Thank you.

Anna Morenz: But that spreadsheet that I sent out at the end of the year did kind of go through where we made changes to the FQ modifier which was mostly when the code specifically stated to-face interaction, we removed the FQ code from it so that it is true to the meaning of the code if that makes sense.

Anna Morenz: So that those just have audiovisisual modifiers on them.

Darren Deering: What do you Thank you.

Anna Morenz: There weren't many that were like that. but those were most of the kind of removals and then we'll kind of move to the next slide. There's some codes that I think we want to continue monitoring whether we should continue to recommend audio only coverage of them. So we can go to the next slide. Okay. So, the just to frame kind of my thinking about this and appreciate anyone else's perspective is obviously during the pandemic no one was people were discouraged from coming into person care and so we really expanded audio only access to ensure that people were having some kind of access to care.

Anna Morenz: something was better than nothing, right? And now we are in a post-pandemic time where people can come back into care. And I think we're wanting to ensure that we don't develop a sort of two-tiered system where some people are receiving audio only care that many I think would say maybe of a lower quality than either inerson or audiovisisual care. And so, how do we make sure we're balancing access, particularly for our rural Arizonans and tribal members who may have challenges with broadband access with making sure they're also receiving quality of care. And so, these are some codes that I think we're particularly just wanting to look at.

Anna Morenz: and so the H001 code is for alcohol or drug assessment. as you can see mostly so this is federal fiscal year 2023 and the utilization within access and so mostly people were doing audiovisisual. There was a lower utilization of audio only. We maintained that FQ modifier. H0015 that's only ever been audiovisisual and that's intensive outpatient treatment services. and that was maintained as well. H0020. This is interesting to me. So this is methadone administration and service provision of the drug bylicicensed program.

Anna Morenz: And there's a lot of good evidence that's come out of the pandemic that people did really well with the methadone flexibilities under the More access to take methodone takehomes. more teleaalth assessments that reduced the burden on patients needing to come in frequently to the OTP. I don't quite know why we saw zero utilization of this audiovisisual code if there was maybe some other similar billing code that's being used more often or other barriers to tellaalth. that one was surprising to me. If anyone has insight on that I think that would be interesting. the H0031 code that's the mental health assessment by a non-fysician.

Anna Morenz: So this one was surprising because I think in most cases we've seen audio only drop off a lot post pandemic and be just much smaller in comparison to the audiovisisual and that's not the case with age 0031. As you can see there's about 50% audiovisisual and actually slightly more audio only. and so we brought that to our behavioral health working group. and they felt that many patients may be pretty reluctant to engage in care and or maybe are even kind of shy about engaging with audiovisisual and a phone call is a much lower barrier to entry and it's a way that they get their foot in the door.

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Anna Morenz: But I think it's in interesting to contrast it with the psychiatric diagnosis diagnostic evaluation codes which are 90791 and 90792 and you can see again maj vast majority are audiovisisual and then a very small percentage of audio only. so just kind of wanted to open that up to any discussion or thoughts particularly on our kind of continued recommendation that H0031 be delivered via audio only.

Sue Dahl Popolizio: I think unless you're finding that it is being abused, my first thought again hearing from the occupational therapists out in the rural areas is that it might be like you suggested they're not really comfortable going in or they live far because there are a lot of mental health issues especially on some of the more remote Indian reservation areas where they only have what they call plain old telephone service. They don't have a lot of internet access. so I'm thinking unless you can see there is an abuse, it could possibly be increasing access to care for a population that wouldn't otherwise have it, which is a big concern of course with mental health. just a thought.

Sue Dahl Popolizio: don't know this, but that's kind of my first inclination, just hearing what some of the people out in the field have talked about.

Anna Morenz: Yeah, that's a great point. Yeah, Dr.

Theresa Costales: Yeah, I think those are good points. I see the comparison though with the 90791s and 90792s and being so the majority of them being audio and visual and then comparing that to the mental health assessments being done. So these are both we're talking about the same population of people.

Theresa Costales: and so I would expect like you're saying to see some that are audio only, but being a practicing psychiatrist during and then post pandemic, I can say that it would be the very small minority where it would be audio only and usually it was because of a failure of a platform or the patient couldn't access it for some reason, either technical otherwise. but I think it's really notable how different those breakdowns are between the 800 31 and the 9079's and twos.

Anna Morenz: Yeah, I agree. And Maria,' we have a little more data. If we go to the next slide. This was just another point kind of comparison. We have the T1015, which is a slashallincclusive visit at an FQHC or a community health center. Not all states cover this to be audio only. And we also have kind of higher audio only

utilization than I might expect. but not on par with audio visual. And then if you compare our telephone ENM services which are those 99441 to3 codes the utilization of those is pretty low only 15,000 in the year.

Anna Morenz: Then if we go to the next slide okay then the next one I'm just highlighting that 0031. So as I mentioned so overall about 34% of these claims are done via teleaalth and 66% in person which I think is interesting higher than our kind of general breakdown that we were looking at earlier of around 15%. And then these are some of the top diagnostic codes. some of which surprised me to Brian's point earlier. autistic disorder was in one of the top diagnostic codes and doing any kind of assessment over audio only. seems very challenging to me. and then if we go one more slide.

00:50:00

Anna Morenz: So where were these happening? So about 50% of tele health assessments occurred at behavioral health outpatient clinics, 37% at integrated clinics, and 7% at FQHC's. And then by place of service, most individuals were at home, 8% were at a community mental health center, or 8% at an unlisted facility, 7% at an office. And then in terms of about overall looking among our urban counties about 50% of claims had the FQ modifier and 50% had the GT modifier. Then if we look at rural counties we do see slightly more use of the FQ modifier.

Anna Morenz: So 62% of the tele health claims used audio only and 38% audiovisisual. so little that kind of supports this theory of it of helping to facilitate access. this is certainly a code that we're keeping an eye on this year in terms of to look at those telealth trends. We're also taking a little bit of a deeper dive to try to gauge the quality in terms of looking at followup care from an audio only H0031 assessment versus an audiovisisual H0031 assessment and how often are people kind of engaging in care and what modality do they come in person or do they continue audio only or are they kind of lost to followup?

Anna Morenz: So, I think this is the end of my slides. And so, my kind of general plan was for us to meet again in the fall and, review, our current recommended coverage of audio only codes and make any changes that we felt like were appropriate at that time, including review of updated data about H0031. but would love to hear from anyone kind of additional questions or future directions topics they would like to see for this committee.

Bryan Davey: This is Brian. I just would like to make a comment on H0031 and the autistic disorder. I do think that that's worth digging into a little bit trying to understand what assessment is going on there because it would have to be outside of ABA because there's very specific ABA assessment codes and so we may want to just take a peek at that as well. I'd also be very interested to see how much of that is actually going on inside the metropolitan areas. Tucson and Flagstaff and obviously Maricopa County versus the rest of the state. And so if there's a chance to dig in a little deeper and maybe a smaller meeting particularly focused on some of these questions that I've raised.

Bryan Davey: I would appreciate that if that's possible or even just a review of the data that can be shared with the committee that we might be able to post back some of our analysis or some of our questions or observations to the data for you all to consider. I think that would be helpful.

Anna Morenz: Yeah. And Brian, we can definitely circle back with you to dig into some of the autism specific questions as well. Shannon.

Shannon Scott: Do we have any age demographics or any of those kinds of user sort of demos? So we know kind of when we're looking at the regional loss, but maybe that might be interesting to understand for more population.

Anna Morenz: Yeah, we have that data available. So, we could definitely put that together. Other questions, thoughts? How does this compare to what people are seeing in their own organizations? I know in my practice as a primary care doctor, I did a ton of audio only tele medicine in the pandemic and now I basically do none. I very occasionally will have a video visit. No patient wants an audio only visit.

00:55:00

Anna Morenz: That's my feeling anyways.

Shannon Scott: I can put out similar comments for our practice.

Shannon Scott: Generally we see around 120 to 200 patients a day depending on our provider volume. we also train medical students as well in our clinic. We've got a lot of things going on. but I think for patients there were some that really really liked to have those audio only visits. We ran an INR clinic and so monitoring INRs that was something that was very helpful and unfortunately those patients were very sad to see their Medicare benefits changed just a little bit with regard to some of those things. patients are still in requesting video visits and I think that our percentages are very close to the percentages that you presented here. So I would agree.

Anna Morenz: Thank you for that context, Darren.

Darren Deering: So from the payer side we do track teleahalth utilization and similar what you have seen during pandemic we saw a big spike in both audio only and audiovisisual and now post pandemic we've seen a drop and I would say across all of our visits I think just collectively tellahalth and when I say that I mean audiovisisual and audio lumped together is probably accounting for about 20% of the visits that we see coming through and getting paid. So, still much more than pre- pandemic, but certainly a drop post pandemic. and I will say I agree with Brian's comment about the ABA codes probably deserving a little bit of a deeper dive.

Darren Deering: It is an area that we have found not a lot but a few players out there have been misusing the ABA codes around billing and obviously then causes a problem for everybody, right? So I think it's something we should keep an eye on because we know there's potential there for misuse. so I'd be interested in seeing what that looks like going forward as well.

Anna Morenz: Great, I saw your hand pop up.

Amy Enriquez: Mine was a very similar to what Darren was saying. post pandemic, it's gone down for speech therapy at least 15 to 20% within our company. it's even still a little bit higher than we'd like. We like our clients coming in, but the taotherapy has helped us where like Brian said, we've had some clients that are not in the metropolitan area they're not able to come in person. So, it's allowed us to continue therapy with them.

Amy Enriquez: But we have had to put different steps in place to make sure that the taotherapy is remaining clinically effective as it's no longer a bridge to get by. It's the main source of therapy. So, we've really had to put a lot of policies and procedures in place to make sure that our clients truly can participate. So, it varies client to client definitely.

Anna Morenz: How do you monitor the quality? How do you make sure of that?

Amy Enriquez: But in tracking progress, so it'll either be based on specific goals and if they're truly able to come independently participate, we have a lot of clients who might be AAC device users.

Amy Enriquez: and so are they participating in most of the session and the other parts where we might be providing some support to the caregiver. Is there progress that is able to be documented and followed through that can be tangible and noticed? so there's different things that we've implemented that way. A lot of the time though, we will push to move back to inperson as best as we can or refer out to another agency if they can make that work as well.

Anna Morenz: Yeah, that's really I know we're at the top of the hour, so I really appreciate this opportunity to meet all of you. I know I have big shoes to fill in terms of Dr. Celich's leadership of this committee. and just all kind of get back together on the same page about what the committee does. and feel free to send me any best practice guidelines you want added to our website. and then we will circle back kind of with if anyone would Sounds like Darren and Brian are definitely interested in kind of a deeper dive on some of the ABA and autism specific questions. If anyone else wants to l be looped into that, please let me know.

01:00:00

Anna Morenz: And then we will definitely plan a meeting for the fall to review our audio only recommendations for 2026. Thanks everyone. Have a great evening.

Joel Barthelemy: Thank you everyone.

Bryan Davey: Thank you everybody.

Darren Deering: Thank you.

Darren Deering: Thank you.

Meeting ended after 01:00:50 👋

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