
2020-21 PCA Leadership Committee

- Region 1: **Tess Stack Kuenning**, *Bistate Primary Care Association*
- Region 2: **Rose Duhan**, *Community Health Care Association of New York State*
- Region 3: **Cheri Rinehart (Chair)** *Pennsylvania Association of Community Health Centers*
- Region 4: **Janice Sherman**, *Community Health Center Association of Mississippi*
- Region 5: **Randy Runyon**, *Ohio Association of Community Health Centers*
- Region 6: **LaShannon Spencer**, *Community Health Centers of Arkansas*
- Region 7: **Amy Behnke (Vice-Chair)** *Health Center Association of Nebraska*
- Region 8: **Shelly Ten Napel**, *Community Health Care Association of the Dakotas*
- Region 9: **Nancy Bowen**, *Nevada Primary Care Association*
- Region 10: **Yvonne Ketchum-Ward**, *Idaho Primary Care Association*
- Emeritus: **Jim Hunt, Jr**, *Massachusetts League of Community Health Centers*

Welcome New PCA CEOs!

Sara Barry, *Oklahoma Primary Care Association*

Arielle Buyum, *Pacific Islands Primary Care Association*

Salina Haq, PhD, *New Jersey Primary Care Association (interim)*

Chris Shank, *North Carolina Community Health Center Association*

Jana Eubank, *Texas Association of Community Health Centers*

Shawn Frick, *Arizona Alliance for Community Health Centers*

Nora Hoban, *Mid-Atlantic Association of Community Health Centers*

Michael Curry, JD, *Massachusetts League of Community Health Centers*

Thank You For Your Service!



John McDonald



Neal Graham



Jim Hunt



Jose Camacho



2020-21 HCCN Task Force Leadership Team

- Committee Co-chair: **Jason Greer**, *Colorado Community Managed Care Network*
- Committee Co-chair: **Faiyaz Syed, MD, MPH**, *Michigan Primary Care Association*
- Vice-Chair: **Diana Erani, MBA**, *Massachusetts League of Community Health Centers*
- Team Member: **Aaron Todd**, *Iowa Primary Care Association*
- Team Member: **Louise McCarthy**, *Community Clinic Association of Los Angeles County*



NATIONAL ASSOCIATION OF
Community Health Centers®

“Telling the Value Story” – State Actions on Telehealth and Medicaid



Monday, November 16, 2020

Plan Today...

- Learn how are PCAs and HCCNs are handling challenges and opportunities to protect and expand primary care delivery and improve health outcomes
- Identify best practices in telehealth policy since the onset of the pandemic with an eye towards 2021
- Assess and analyze the state Medicaid environment, including due to the 2020 federal and state elections
- Identify various offensive and defensive strategies to support state Medicaid programs in 2021

Speakers

- Tara McCollum Plese, Arizona Alliance for Community Health Centers
- Polly Anderson, Colorado Community Health Network
- Denise Cyzman, Community Care Network of Kansas

Telling the Value Story for Arizona

**Tara McCollum Plese, Chief External Affairs Officer
Arizona Alliance for Community Health Centers**

November 16, 2020

Assessment of Value of Arizona's CHCs telehealth and telephonic services

Of the 19 total respondents:

- 47% were using telehealth to some capacity prior to the COVID-19 pandemic
- The greatest use for **telehealth** during the pandemic is for Primary Care and Behavioral Health
- The greatest use for **telephonic** services during the pandemic is for Primary Care and Behavioral Health
- Several respondents indicated that they have had a reduction in their no-show rates due to the use of telehealth and telephonic services
- Some of the challenges that remain include:
 - Operational best practices
 - Financial barriers
 - Primary care clinical strategies
 - Information technology
 - Broadband access
 - Patient's not having access to computers or tablets
 - Patient's limited data and limited minutes on their mobile phone plan

Telehealth Reimbursement and Current Medicaid Telehealth and Telephonic Services Permanent AHCCCS Medicaid Agency (implemented 10/1/19- AMPM 320-1 telehealth)

- ▶ No restrictions on distant site where provider is located
- ▶ Broadening of originating site, where member is located, to include their home, for many service codes
- ▶ Broaden coverage for telemedicine, remote patient monitoring added 150 codes to telehealth code set
- ▶ No rural vs urban limitations
- ▶ PPS reimbursement for telehealth and telephonic services
- ▶ MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate- reimburse at same rate for services provided “in-person” and services provided via telehealth including telephonic.
- ▶ AHCCCS still evaluating making the telephonic codes permanent.
- ▶ Telehealth COVID coverage extended through 9/30/21.
- ▶ AHCCCS telehealth post pandemic coverage policy decisions finalized by 12/31/2020

Value story of Arizona's Medicaid Program and partnership with Arizona FQHCs

- ▶ Arizona was the last state to adopt Medicaid (1982) and started as a managed care model.
- ▶ In 2000, voters passed Prop 204 which expanded Medicaid eligibility to 100% FPL for all populations using the tobacco tax settlement funds.
- ▶ Arizona's Medicaid Expansion approved in 2013.
- ▶ In 2018 AHCCCS adopted Arizona Complete Care- an integrated model including behavioral health.
- ▶ AACHC and AHCCCS entered in an agreement to do an Alternative Payment Model which preserves current PPS rates.
- ▶ Strong focus on Social Determinants of Health, school-based services, SUD/ŌUD services and suicide prevention.
- ▶ Increased number of members during COVID- no enrollee has been dropped. Newly unemployed enrolled in Medicaid. There are now over 2 million members.
- ▶ Currently gathering comments for their 1115 waiver application.

Questions?

Tara McCollum Plese, MPA (she/her/elle)
Chief External Affairs Officer



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Telling the Value Story – Telehealth and State Medicaid *Colorado's Continuing Efforts*

Polly Anderson
VP of Strategy and Financing
Colorado Community Health Network

Presentation Outline

- What we got
- How we got it
- How we're trying to keep it

What We Got: Emergency Telemedicine Regulations

- In March 2020, Colorado implemented emergency regulations that allowed FQHCs to be reimbursed for a telemedicine visit at the same rate as in-person visits (APM/PPS). These regulations were made possible by the declaration of the Public Health Emergency (PHE).
- Included audio-only visits
- Included 1 teledentistry code for urgent and emergency situations (sub-regulatory policy)

What We Got: 2020 Legislation

- Senate Bill 20-212 put the PHE provisions into state statute to extend beyond the PHE
 - “A telemedicine service meets the definition of a face-to-face encounter for a Federally Qualified Health Center as defined in the Federal “Social Security Act”, 42 U.S.C. sec. 1395x (aa)(4). The Reimbursement rate for a telemedicine service provided by a Federally Qualified Health Center must be set at a rate that is no less than the medical assistance program rate for a comparable face-to-face encounter or visit.”

What We Got: 2020 State Budget

With a \$3 billion deficit, the final state budget had:

- No cuts to cost-based APM
- No Medicaid eligibility cuts
- No cuts to uninsured funding
- Encounter rate reimbursement for telehealth

Timeline of Telehealth and State Budget Work

2018-19: unsuccessful advocacy to get Medicaid to define an encounter to include telemedicine (video only) via regulation

January: 2020: Introduced televideo bill for CHCs with bi-partisan support, Medicaid agency remains neutral

February 2020: Legislators line up to support the bill in first committee despite a very crazy fiscal note

March 2020: March 11: Governor issues statewide disaster order for COVID on March 11

- March 23: PHE rules allowing phone, televideo and live text reimbursement in Medicaid for CHCs at encounter rate

April/May 2020: Legislature on hiatus for 10 weeks

- CCHN withdraws bill at the request of Medicaid with promise of continuing telehealth

May/June 2020: State facing \$3 billion shortfall for fiscal year starting 7/2020

- CCHN shares “least worst” cut list with Medicaid
- New telehealth payment parity bill for phone, video and chat introduced for CHCs and other providers

June 2020

- New telehealth bill passes
- State budget slashed; CHCs unscathed

Same Timeline, with Impact of “Telling the Value Story” Highlighted

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How We Got it

- Systematic relationship building with state legislators in both parties by all CHCs in the state
- Systematic relationship building at the PCA with Medicaid leadership
- Well-funded PCA advocacy team
 - Contract lobbyists
 - Staff experts

How We're Trying to Keep it

- Staying on top of state budget developments
- Prioritizing telehealth within other funding priorities
- Supporting CHCs in telling the telehealth story particularly and the CHC story generally to legislators before the session begins
- Meeting regularly with Medicaid to discuss data, CHC experience, etc.

Thanks, Questions?

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Telling the Value Story: Telehealth and Medicaid

Denise Cyzman, CEO
Community Care Network of Kansas
November 16, 2020



**COMMUNITY CARE
NETWORK OF KANSAS**
Health. Equity. Justice.

Questions and Answers



**Monkey
says thanks
for
listening!**